

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000106762**

1. Entity Name  
**PAVE-RITE UNDERGROUND DIVISION, INC.**



Principal Place of Business  
**3411 W. CRIGGER COURT  
 LECANTO, FL 34460**

Mailing Address  
**3411 W. CRIGGER COURT  
 LECANTO, FL 34460**

**DO NOT WRITE IN THIS SPACE**



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3243714**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AZZARELLI, JOSEPH R  
 97 ANTON COURT  
 HOMOSASSA, FL 34446**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	SMITH, DOLAN V
STREET ADDRESS	8321 N IRA MARTIN AVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	ST
NAME	AZZARELLI, JOSEPH
STREET ADDRESS	97 ANTON COURT
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	VP
NAME	KORSTICK, JEFFREY
STREET ADDRESS	6017 N PUEBLO TERRACE
CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	VP
NAME	L. MICHAEL DELGADO
STREET ADDRESS	1306 S E KINGS BAY DR
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/27/07-80004-010 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **DOLAN V SMITH, PRES** **3-13-07** **352-621-1938**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #