## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P06000097718

## **FILED** Jul 05, 2007 8:00 am Secretary of State 07-05-2007 90060 042 \*\*\*150.00

1. Entity Name BEDROCK PAVERS OF NAPLES, INC.												
Principal Place of Business 4049 SKYWAY DRIVE NAPLES, FL 34112				Mailing Address 4049 SKYWAY DRIVE NAPLES, FL 34112				40122909				
Principal Place of Business - No P.O. Box #     3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				06222007	Chg-P	CR2E03	4 (12/06)	
City & State				City & State				4. FEI Numb	95408			plied For t Applicable
Zip		Country	Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Cur	rent Regis	tered Agent		7. Name and Address of New Registered Agent Name						
LLORCA, CARLO 4049 SKYWAY DRIVE						Street Address (P.O. Box Number is Not Acceptable)						
NAPLES, FL 34112								nation of the second of the se				
						City				FL	Zip Code	9
	named entiti ions of regist		ent for the p	surpose of changing its	registere	ed office or	registere	ed agent, or bo	th, in the State of Fk	orida. I am ta	miliar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered	agent and litle	f applicable, (NOTI	É: Registere	d Agent signati	re required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign F Trust Fund Contribut						ncing		00 May Be ed to Fees	In accordance v corporation did	with s. 607.1 not receive	93(2)(b), the prior r	F.S., the notice.
10.		OFFICERS A	AND DIREC	CTORS	11.			ADDITIONS,	CHANGES TO OFF	ICERS AND (	DIRECTORS	3 IN 11
TITLE	D			☐ Delete	TITLE			Treas			☐ Change	Addition
NAME	LLORCA, CARLO				E	Kare	n Llorca	N				
STREET ADDRESS CITY-ST-ZIP	S   4049 SKYWAY DRIVE   NAPLES, FL 34112				ET ADDRESS - ST-ZIP		a Sky way					
	NAPLES,	FL 34112			_		Mar	oles FL	34112			
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12. Thereby o	certify that th	e information supplier	l with this f	iling does not qualify to	y the eve	emptions c	ontained	Lin Chanter 119	9 Florida Statutos I	further certif	that the in	oformation

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 attainment with an address with an other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR