## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000107270

Entity Name: PAVER EXPRESS, INC.

FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 30 HARDING AVENUE ST AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 30 HARDING AVENUE ST AUGUSTINE, FL 32084 FEI Number: 20-5410771 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCLELLAN, ROBERT G JR. 3213 TURTLÉ CREEK ROAD ST AUGUSTINE, FL 32086 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MCCLELLAN, TODD A Name: Name: 107 TERRI LANE Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition MCCELLAN, TED A Name: Name: 3213 TURTLE CREEK RD Address: Address: City-St-Zip: ST AUGUSTINE, FL 32086 City-St-Zip: ( ) Delete Title: Title: SD () Change () Addition MCCLELLAN, ROBERT G JR. Name: Name: 3213 TURTLE CREEK RD Address: Address: City-St-Zip: ST AUGUSTINE, FL 32086 City-St-Zip: Title: ( ) Delete Title: TRD (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT G MCCLELLAN JR SD 04/13/2009

MCCLELLAN, HARRIETTE T

3213 TURTLE CREEK RD

ST AUGUSTINE, FL 32086

Name:

Address:

City-St-Zip:

MCCLELLAN, HARRIETTE T

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