## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 19, 2008 08:00 AN Secretary of State

DOCUMENT # P06000134319			rep 19, 2008 08:00	
				Secretary of Sta
1. Entity Name ARTISTIC PAVERS AND SURFACES, INC.				
THE TOTAL TO THE SOLL THE SOLUTION THE SOLU	,			
Principal Place of Business	Mailing Address	1	1	
12700 AUTOMOBILE BLVD	12700 AUTOMOBILE BLVD	uc.		
CLEARWATER, FL 33762 US	CLEARWATER, FL 33762	US		
		Sale Company		
	0.3			ABI 11888 11114 BIBBE 11181 11818 IBI1886 11 1881
			02082008 No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		CE	4. FEI Number	Applied For
			13-4346627	Not Applicable
			5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current R	egistered Agent	The same for the	State of the state	The state of the s
AYSCUE, JAMES C		4	DO NOT W	/RITE
97 HARBOR DRIVE BELLEAIR BEACH, FL 33786		9		
			IN THIS SF	ACE
			a Till	the second second
<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	he purpose of changing its register	red office or register	red agent, or both, in the State of Fl	orida. I am familiar with, and accept
1 / / /	1111	, <i>,</i>	_	2-13-08 DATE
Signature, typed or plinted name of registered agent and	d title trapplicable (NOTE: Register	ed Agent signature required	t when reinstating)	DATE
FILE NOWILL FEE 18 \$150.00	9. Election Campaign Fina	 Incling <b>\$5</b> .	.00 May Be	•
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Trust Fund Contribution	. 🗆 Add	ed to Fees	
10. OFFICERS AND D	IRECTORS		- · · · · · · · · · · · · · · · · · · ·	A form of the state of the state of
TITLE P NAME AYSCUE, JAMES C		, , , , ,	A Company of the Company	
STREET ADDRESS 97 HARBOR DRIVE		· · ·	grand to the symmetry	
OITY-S1-ZIP BELLEAIR BEACH, FL 33786  TITLE SEC			μοοροι	0832118 -80047-005 150.00
NAME AYSCUE, CHERYL			02/27/08	-80047-005 150.00
STREET ADDRESS   97 HARBOR DRIVE CITY-SI-ZIP   BELLEAIR BEACH, FL 33786		.4	· · · · · · · · · · · · · · · · · · ·	
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STREET ADDRESS   CITY-ST-7IP			DO NOT W	/RITE
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TITLE		,	* * * * * * * * * * * * * * * * * * *	and the second second
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CITY-SI-ZIP		*		ta ta
TITLE NAME		a mer en des sines		•••
STREET ADDRESS	Salts Salts	•	3 0	

12. Thereby certify that the information supplied with this filling 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Oate

Daytime Phone II