

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105720

FILED
Apr 29, 2009
Secretary of State

Entity Name: B & B PAVERS AND PRECAST INC.

Current Principal Place of Business:

756 MARINERS WAY
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

756 MARINERS WAY
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 26-1171594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANTERI, ROBERT S
756 MARINERS WAY
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: LANTERI, ROBERT S
Address: 756 MARINERS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: V () Delete
Name: PUSTAVER, ROBERT A
Address: 756 MARINERS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PUSTAVER, ROBERT A
Address: 1290 DELRAY LAKES DRIVE
City-St-Zip: DELRAY BEACH, FL 33444 US

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.

SIGNATURE: ROBERT S LANTERI

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date