2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 04, 2009
Secretary of State

DOCUMENT# P08000065642

Entity Name: FIRST COAST PAVERS OF JACKSONVILLE, INC.

Current Principal Place of Business:

1131 EAGLE POINT DRIVE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

2012 GLENGARY DRIVE
ST. AUGUSTINE, FL 32092

Current Mailing Address:

1131 EAGLE POINT DRIVE
ST. AUGUSTINE, FL 32092

New Mailing Address:

2012 GLENGARY DRIVE
ST. AUGUSTINE, FL 32092

FEI Number: 26-2948942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DERY, REBECCA D
1131 EAGLE POINT DRIVE
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

ABITABILO, MICHAEL
2012 GLENGARY DR
ST. AUGUSTINE, FL 32092 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: MICHAEL ABITABILO 08/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DERY, REBECCA D
Address: 1131 EAGLE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP (X) Delete
Name: DERY, REBECCA D
Address: 1131 EAGLE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S (X) Delete
Name: DERY, RBECCA D
Address: 1131 EAGLE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T (X) Delete
Name: DERY, REBECCA D
Address: 1131 EAGLE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ABITABILO, MICHAEL
Address: 1131 EAGLE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

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

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

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

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: MICHAEL ABITABILO PRES 08/04/2009
Electronic Signature of Signing Officer or Director Date