## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2007 08:00 A Secretary of State

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Daylime Phone #

	ANNOAL	KEPUKI	<del></del>	-		Sagrant	our of
DOCUMENT # P93000076354  1. Entity Name INTERLOCKING PAVESTONES, INC.						Secret	ary of S
Principal Place 5881 SHIRLE NAPLES, FL	EY ST	Mailing Address . 5881 SHIRLEY ST NAPLES, FL 34109 US	,		O IPROGRAMA ORINI PONI OR	III <b>be</b> nii 18 <b>88 b</b> urt iiibi 1	Ilim <b>alacen</b> i il <b>Ma</b> i
D	O NOT WRITE	CE	02022007 4. FEI Numb 65-044		CR2E034 (11	Applied For Not Applicable Additional	
	6. Name and Address of Current F	legistered Agent	-				
DELDUCA, ANTHONY 5881 SHIRLEY ST NAPLES, FL 34109			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for ions of registered agent.	the purpose of changing its registe	red office or registe	ered agent, or bo	oth, in the State of Fi	orida. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE, Register	red Agent signature require	id when reinstating) -		DATE	· ·
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution	ancing \$5	5.00 May Be ded to Fees			
10.	OFFICERS AND I	DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DELDUCA, ANTHONY P 5881 SHIRLEY ST NAPLES, FL 34109						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ :			IN	THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS	French Company	The action of the		6.64.4 6.64.4			

12. 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 his 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: