2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 15, 2004 8:00 am Secretary of State DOCUMENT # P93000081406 1. Entity Name 04-15-2004 90009 047 ***150.00 BRICK PAVERS, INC. Principal Place of Business Mailing Address 1197 PALM VIEW RD. 1197 PALM VIEW RD. 54033654 SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0457666 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANNHEISSER, B V III Street Address (P.O. Box Number is Not Acceptable) 1834 MAIN STREET SARASOTA FL 34236 City Zip Code Fl 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME TWYFORD, LARRY NAME 1197 PALM VIEW ROAD 1158 BACON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME TWYFORD, CAROL 1197 PALM VIEW ROAD STREET ADDRESS 1158 BACON AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME TWYFORD, DAMEN -- ---NAME 1197 PALM VIEW ROAD STREET ADDRESS 1158 BACON AVE. STREET ADDRESS CITY-ST-7IP SARASOTA FL CITY-ST-ZIP FLORIDA 34240 TITLE ☐ Delete TITLE ☐ Addition TWYFORD, JORDAN NAME NAME 1158 BACON AVE. 1197 PALM VIELD ROAD STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP 34240 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

ord

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

Date

SIGNATURE:

FILED

(941) 371-2219