

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000000467

1. Entity Name
C.S.E. PAVING OF FLORIDA, INC.



Principal Place of Business
1395 N.W. 17TH AVE
SUITE 114
DELRAY BEACH FL 33445

Mailing Address
1395 N.W. 17TH AVE
SUITE 114
DELRAY BEACH FL 33445

FILED
Apr 30, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 65-0550061		Applied For	
Suite, Apt #, etc.		Suite, Apt #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WARDEN, STEPHEN J 1395 N.W. 17TH AVE SUITE 114 DELRAY BEACH FL 33445				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				State - FL Zip Code			

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 _____ (NOTE: Registered Agent's signature required when registering.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVDS WARDEN, STEPHEN J 1395 N.W. 17TH AVE SUITE 114 DELRAY BEACH FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Stephen J. Warden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 561-229-8200
Date Daytime Phone #