

# ANNUAL REPORT

**DOCUMENT # P96000054027**

1. Entity Name

SITE DEVELOPMENT & ASPHALT PAVING INC.



**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business

2113 93RD AVE.  
TAMPA, FL 33613

Mailing Address

2113 93RD AVE.  
TAMPA, FL 33613



04202006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3386568

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SMITH, LEONARD  
3113 93RD AVE  
TAMPA, FL 33612

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**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

U000000534037  
05/06/06-80147-002 158.75

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
SMITH, LEONARD H  
2113 93 RD AVE.  
TAMPA, FL 33613

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 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:**

*Leonard H. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06 (813) 361-1933

Date

Twelve Phone #