## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000010364



## FILED Mar 12, 2004 8:00 am Secretary of State

HERMAN	NN BACH PAVING STONE	S, INC.					03-12-2004	90001 0	35 ***1:	50.00
Principal Place 607 FLORID COCOA, FL			Mailing Address 27 INDIAN VILLAGE TRAIL COCOA BEACH, FL 32931			; ; <del>(1249)</del> 12	1914 <b>(1816 2014 2014</b> 11		4017	}
2. Principal F	Place of Business	3. Mailing Address	··		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			02172004	Chg-P	CR2E	034 (10/03	)
City & Stat	e	City & State	City & State			4. FEI Number 59-3425				Applied For
Zip	Country	Zip	Cour	ntry			of Status Desired		\$8.75 A	dditional
	6. Name and Address of Curren	Registered Agent		L		7. Name and	Address of New I	Registered		
BACH: HE	RMANN -	سني د پيست		Name		<u> </u>	<del></del>	`		- Sa - Sa
27 INDIAN	I VILLAGE TRAIL EACH, FL 32931	'n		Street Addre	ess (P	O. Box Number	is Not Acceptabl	le)		
				City		·		FL	Zip Co	de
	named entity submits this statement fitions of registered agent.	or the purpose of changing i	its register	ed office or regi	istere	c agent, or both	, in the State of Fl	orida. I am	familiar with	n, and accept
SIGNATURE.	Signature, typed or printed name of registered agen	and title if applicable. (N	OTE: Registers	d Agent signature rec	quired w	hen reinstissing)		, CATE ;	•	<u> </u>
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Camp		·		O May Be i to Fees	ğ., <u>J</u> i.	<del> </del>		
10.	OFFICERS AND	DIRECTORS	11.	<del></del>		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	3S IN 11
TITLE	P	☐ Delete	TITLE	1					☐ Change	☐ Addition
NAME STREET ADDRESS	BACH, HERMANN 27 INDIAN VILLAGE TRAIL		NAM!	E Et aodress					_	
CITY-ST-ZIP	COCOA BEACH, FL 32931			-ST-ZIP						1
TITLE NAME STREET ADDRESS	OT BACH, ANGELA 27 INDIAN VILLAGE TRAIL	☐ Delete	TITLE NAME STREET	i i			,		Change	Addition Addition
CITY-ST-ZIP	COCOA BEACH, FL 32931		1	-ST-ZIP						
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE						Change	Addition
CITY-ST-ZIP			спү-	ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1					Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
CITY-ST-ZIP		☐ Delete	CITY-	ST-ZIP					☐ Chance	. Addition
NAME STREET ADDRESS CITY-ST-ZIP		_ 555.00	NAME STREE	l l						
indicated of the corp	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emptor or on an attachment with an address, ***********************************	true/and accurate and that prefed to execute this repor	my signati rt as requir	ure shall have the	he sar 607, F	ne legal effect a florida Statutes;	is if made under n	e appears in	m an officer Block 10 o	or director r Block 11 if

SIGNATURE:	<u> </u>			INGELA	RACH	3-3-04	321 868 2345
	SIGNATURE AND TYPED OR PRINTED R	AME OF SIGN	NG OPPICER ON DIRECTOR	"""	2	Date	Daytime Phone #