## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90435 038 \*\*\*150.00

DOCUMENT # P97000076448  1. Entity Name HANNA PAVEMENT SERVICES, INC.					04-24-2006 9	90435 038	3 ***150	0.00	
Principal Place of Business 721-7TH AVE. WEST UNITE BRADENTON, FL 34205		Mailing Address -721-7TH AVE. WEST- UNITE E -BRADENTON, FL-34205	1 6.5	\$0080837					
2. Principal Place of Business 4407 15th St. E. Suite, Apt. #, etc.		3. Mailing Address 4907 (5th St. E. Suite, Apt. #, etc.		04192006 Chg-P CR2E034 (11/05)					
Bradenton, FL		City & State Bradenton, FL		4. FEI Numb	-		_ <del></del>	plied For t Applicable	
Zip 34203 Country Manatee		34203 N	anatee	<u> </u>	of Status Desired	□ F	8.75 Add ee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
PREWIT, DANIEL L 5777 BENEVA RD SARASOTA, FL 34233			Street Address (	Street Address (P.O. Box Number is Not Acceptable)					
			City				Zin 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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.				.00 May Be led to Fees			<u> </u>		
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS	L CHANGES TO OFFE	CERS AND D	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-\$1-ZIP	P HANNA, ROBERT 11536 WALDEN LOOP PARRISH, FL 34219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HANNA, DORIS 11536 WALDEN LOOP PARRISH, FL 34219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ĺ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANNA, THERESA 7611 20TH AVE. N.W. BRADENTON, FL 34209	☐ Oelete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		- □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	Change	Addition	
12. I hereby certify that the information supplied with this filling 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 chanced or on an attachment with an address, with all other like empowered.									