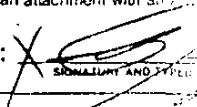


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-22-2007 90022 004 ****50.00

03-12-2007 90077 038 ***100.00

DOCUMENT # P97000092494			
1. Entity Name SOUTHERN PAVERS INC.			
Principal Place of Business % SOUTHERN PAVERS, INC. 1665 COLONIAL BLVD FORT MYERS FL 33907		Mailing Address % SOUTHERN PAVERS, INC. 1665 COLONIAL BLVD FORT MYERS FL 33907	
2. Principal Place of Business - No P.O. Box # 5235 RAMSEY WAY #8		3. Mailing Address 5235 RAMSEY WAY #8	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. MYERS, FL		City & State Ft. MYERS, FL	
Zip 33907	Country LEE	Zip 33907	Country LEE
4. FEI Number 65-0833009		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACQUES, SYLVAIN 1665 COLONIAL BLVD. FT. MYERS FL 33907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 signature required when registering)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$50.00 Make Check Payable to Florida Department of Banking & Finance		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD JACQUES, SYLVAIN 1665 COLONIAL BLVD. FT. MYERS FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE 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- ST- ZIP	☐ Change ☐ Addition
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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 is true and correct, 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 recorder or trustee; that I have executed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of all other like empowered.			
SIGNATURE: 		2/12/07 239-277-7667	
SIGNATURE AND TYPE OF OFFICIAL OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	