


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000057609
 1. Entity Name
R.A. CONNOR PAVING, INC.



Principal Place of Business: **5101 EAU GALLIE BLVD MELBOURNE FL 32934**
 Mailing Address: **5101 EAU GALLIE BLVD MELBOURNE FL 32934**

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
ALLEN, ELIZABETH C
3570 SERENITY LANE
MELBOURNE FL 32934

4. FEI Number: **59-3521177** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required
 7. Name and Address of New Registered Agent: 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 signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONNOR, ROBERT A JR	
STREET ADDRESS	5101 EAU GALLIE BLVD	
CITY - ST - ZIP	MELBOURNE FL 32934	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, MARTY L	
STREET ADDRESS	5101 EAU GALLIE BLVD	
CITY - ST - ZIP	MELBOURNE FL 32934	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALLEN, ELIZABETH C	
STREET ADDRESS	5101 EAU GALLIE BLVD	
CITY - ST - ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000366123	
CITY - ST - ZIP	05/11/05-80031-009 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elizabeth C. Allen Date: 4-27-05 Daytime Phone #: 321-254-2779