


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000057609 1. Entity Name R.A. CONNOR PAVING, INC.	
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Principal Place of Business: 5101 EAU GALLIE BLVD MELBOURNE, FL 32934	Mailing Address 5101 EAU GALLIE BLVD MELBOURNE, FL 32934
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3521177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, ELIZABETH C
3570 SERENITY LANE
MELBOURNE, FL 32934

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNOR, ROBERT A JR 5101 EAU GALLIE BLVD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, MARTY L 5101 EAU GALLIE BLVD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLEN, ELIZABETH C 5101 EAU GALLIE BLVD MELBOURNE, FL 32934
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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: Elizabeth C. Allen Date: 2-7-07 Daytime Phone #: 321-254-2779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR