


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90028 001 ***300.00

DOCUMENT # P99000003049

1. Entity Name
COUCH PAVER INSTALLERS, INC.



Principal Place of Business Mailing Address
36410 U.S. HWY 19 N. **36410 U.S. HWY 19 N.**
PALM HARBOR, FL 34684 **PALM HARBOR, FL 34684**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2414 Merchant Ave. **2414 Merchant Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Odessa, FL **Odessa, FL**
 Zip Country Zip Country
33556 **U.S.A.** **33556** **USA**

6. Name and Address of Current Registered Agent
COUCH, LARRY G
18735 LANSFORD DR.
HUDSON, FL 34667

01042008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3075960 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 **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 _____ 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, 2008 Fee will be \$550.00

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	PS COUCH, LARRY G 36410 U.S. HWY 19 N. PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Larry Couch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

400102

