

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000049585

1. Entity Name  
PAVED RECYCLING INC.



FILED  
04 APR 30 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4825 WOODLANE CIR  
SUITE 106  
TALLAHASSEE, FL 32303

Mailing Address  
4825 WOODLANE CIR  
SUITE 106  
TALLAHASSEE, FL 32303

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

04292004 Chg-P CR2E034 (10/03)

4. FEI Number  
58-2470036

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSON, CHRISTINE H  
21410 N.E. 40TH ST  
WILLISTON, FL 32696

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, 2004 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRIS, VERONICA R	
STREET ADDRESS	4309 AJNTREE ROAD	
CITY-ST-ZIP	HEPHZIBAH, GA 30815	
TITLE	T	<input type="checkbox"/> Delete
NAME	POLLARD, GARY A	
STREET ADDRESS	2734 LAKEWOOD DRIVE	
CITY-ST-ZIP	AUGUSTA, GA 30906	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, PATRICK R	
STREET ADDRESS	1633 MARLIN PARKWAY	
CITY-ST-ZIP	WILLIAMSPORT, PA 77701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POLLARD, ENDIA E	
STREET ADDRESS	2734 LAKEWOOD DRIVE	
CITY-ST-ZIP	AUGUSTA, GA 30906	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, OSCAR	
STREET ADDRESS	3733 CREST DRIVE	
CITY-ST-ZIP	HEPHZIBAH, GA 30815	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, HENRY C	
STREET ADDRESS	2535 EKENSINGTON DRIVE	
CITY-ST-ZIP	AUGUSTA, GA 30906	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwyane T. Harris	
STREET ADDRESS	4309 Aintree Road	
CITY-ST-ZIP	Hephzibah, GA 30815	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, Patrick R	
STREET ADDRESS	6060 Fisherfarmer Lane C-3	
CITY-ST-ZIP	Charlotte, NC 28277	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pollard, Endia E	
STREET ADDRESS	2734 Lakewood Drive	
CITY-ST-ZIP	Augusta, GA 30906	
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)(i), 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: Dwyane T. Harris Dwyane T. Harris 4/30/04 (850) 980-0890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #