

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
58-2470036

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
P
HARRIS, VERONICA R
4309 AINTREE ROAD
HEPHZIBAH, GA 30815 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
Dwyane T. Harris
4309 Aintree Road
Hephzibah, GA 30815 ☐ Change ☒ Addition
700035551447
05/06/04--01009--015 ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
POLLARD, GARY A
2734 LAKEWOOD DRIVE
AUGUSTA, GA 30906 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Harris, Patrick R
6060 Fisher Farmer Lane C-3
Charlotte, NC 28277 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HARRIS, PATRICK R
1633 MARLIN PARKWAY
WILLIAMSPORT, PA 77701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
Pollard, Endia E
2734 Lakewood Drive
Augusta, GA 30906 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
POLLARD, ENDIA E
2734 LAKEWOOD DRIVE
AUGUSTA, GA 30906 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, OSCAR
3733 CREST DRIVE
HEPHZIBAH, GA 30815 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, OSCAR
3733 CREST DRIVE
HEPHZIBAH, GA 30815 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROOKS, HENRY C
2535 EKENSINGTON DRIVE
AUGUSTA, GA 30906 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROOKS, HENRY C
2535 EKENSINGTON DRIVE
AUGUSTA, GA 30906 ☐ Delete

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 #