


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 AUG 24 PM 1:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P99000049585					
1. Entity Name PAVED RECYCLING INC.					
Principal Place of Business 2769 MANUFACTURERS COURT TALLAHASSEE, FL 32310			Mailing Address 2769 MANUFACTURERS COURT TALLAHASSEE, FL 32310		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2470036	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	100079219421 08/29/06--01033--007 **150.00	
NAME	HARRIS, VERONICA R	NAME			
STREET ADDRESS	4309 AINTREE ROAD	STREET ADDRESS			
CITY-ST-ZIP	HEPHZIBAH, GA 30815	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, DEWAYNE T	NAME			
STREET ADDRESS	4309 AINTREE ROAD	STREET ADDRESS			
CITY-ST-ZIP	HEPHZIBAH, GA 30815	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, PATRICK	NAME			
STREET ADDRESS	4126 AUTMAN COVE DR	STREET ADDRESS			
CITY-ST-ZIP	LAKE WYLIE, SC 29710	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLLARD, ENDIA E	NAME			
STREET ADDRESS	2734 LAKEWOOD DRIVE	STREET ADDRESS			
CITY-ST-ZIP	AUGUSTA, GA 30906	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, OSCAR	NAME			
STREET ADDRESS	3733 CREST DRIVE	STREET ADDRESS			
CITY-ST-ZIP	HEPHZIBAH, GA 30815	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOKS, HENRY C	NAME			
STREET ADDRESS	2535 EKENSINGTON DRIVE	STREET ADDRESS			
CITY-ST-ZIP	AUGUSTA, GA 30906	CITY-ST-ZIP			
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: <i>Dwayne T. Harris</i>		Date: 08/24/06		Daytime Phone #: (850) 980-0890	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					