

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 AUG 24 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08242006 Chg-P CR2E034 (11/05)

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 58-2470036	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, VERONICA R 4309 AINTREE ROAD HEPHZIBAH, GA 30815	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, DEWAYNE T 4309 AINTREE ROAD HEPHZIBAH, GA 30815	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, PATRICK 4126 AUTMAN COVE DR LAKE WYLIE, SC 29710	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLARD, ENDIA E 2734 LAKEWOOD DRIVE AUGUSTA, GA 30906	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, OSCAR 3733 CREST DRIVE HEPHZIBAH, GA 30815	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, HENRY C 2535 EKENSINGTON DRIVE AUGUSTA, GA 30906	<input type="checkbox"/> Delete			
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:		08/24/06		(850) 980-0890	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	