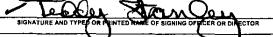
2008 FOR PROFIT CORPORATION **ANNUAL REPORT** 

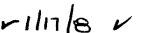
## Jan 24, 2008 08:00 AN Secretary of State **DOCUMENT # S96708** 1. Entity Name SUNCOAST PAVING OF LEE COUNTY, INC. Principal Place of Business Mailing Address 11641 MARSHWOOD LANE 11641 MARSHWOOD LANE FORT MYERS, FL 33908 FORT MYERS, FL 33908 01112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For 65-0300472 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STANLEY, THEODORE W. DO NOT WRITE 11641 MARSHWOOD LANE FT. MYERS, FL 33908 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE STANLEY, THEODORE W. NAME STREET ADDRESS 11641 MARSHWOOD LANE CI1Y+ST-ZIP FT. MYERS, FL 33908 TITLE STANLEY, ROXANNE M NAME STREET ADDRESS 11641 MARSHWOOD LANE CITY - ST - ZIP FORT MYERS, FL 33908 TITLE STANLEY, RICHARD P 11641 MARSHWOOD LANE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP FORT MYERS, FL 33908 IN THIS SPACE STANLEY, EDWARD P NAME 16400 SAN CARLOS BOULEVARD, #350 STREET ADDRESS CITY - ST - ZIP FORT MYERS, FL 33908 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the 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 offer 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. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

STREET ADDRESS CITY-ST-ZIP





FILED