

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # S96708

1. Entity Name
SUNCOAST PAVING OF LEE COUNTY, INC.



Principal Place of Business
**11641 MARSHWOOD LANE
FORT MYERS, FL 33908**

Mailing Address
**11641 MARSHWOOD LANE
FORT MYERS, FL 33908**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0300472

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STANLEY, THEODORE W.
11641 MARSHWOOD LANE
FT. MYERS, FL 33908**

**DO NOT WRITE
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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	STANLEY, THEODORE W.
STREET ADDRESS	11641 MARSHWOOD LANE
CITY- ST- ZIP	FT. MYERS, FL 33908
TITLE	V
NAME	STANLEY, ROXANNE M
STREET ADDRESS	11641 MARSHWOOD LANE
CITY- ST- ZIP	FORT MYERS, FL 33908
TITLE	V
NAME	STANLEY, RICHARD P
STREET ADDRESS	11641 MARSHWOOD LANE
CITY- ST- ZIP	FORT MYERS, FL 33908
TITLE	V
NAME	STANLEY, EDWARD P
STREET ADDRESS	16400 SAN CARLOS BOULEVARD, #350
CITY- ST- ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/28/08-80053-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

✓ 1/17/8 ✓