

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # S98040

1. Entity Name
MACSWEENEY PAVING, INC.



Principal Place of Business
**612 FLA. BLVD.
CRYSTAL BEACH, FL 34681**

Mailing Address
**PO BOX 911
CRYSTAL BEACH, FL 34681**



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3100069

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PERENICH, GREG
311 S MISSOURI AVE
CLEARWATER, FL 34616**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MACSWEENEY, LEO A III
STREET ADDRESS	612 FLA BLVD.
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	S
NAME	MACSWEENEY, PATRICIA KAY
STREET ADDRESS	612 FLA BLVD.
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	V
NAME	HORSINGTON, WILLIAM
STREET ADDRESS	612 FLA BLVD.
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000722308
05/02/07-80027-010 150.00

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:

Leo A Mac Sweeney III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07
Date

727-786-2258
Daytime Phone #