


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90198 030 \*\*\*150.00

<b>DOCUMENT # K46213</b> 1. Entity Name <b>PAVERMODULE, INC.</b>					
Principal Place of Business <b>1590 N ANDREWS AVE EXT POMPANO BEACH, FL 33069</b>			Mailing Address <b>1590 N ANDREWS AVE EXT POMPANO BEACH, FL 33069</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>98-0099826</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHATELLIER, RICHARD P 1590 N ANDREWS AVE EXT POMPANO BEACH, FL 33069</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRAVEL, GUY <input type="checkbox"/> Delete 1361 SOUTH OCEAN BLVD., #407 POMPANO BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN BAARSEL, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1590 N. ANDREWS AVE. EXT. POMPANO BEACH, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHATELLIER, RICHARD P <input type="checkbox"/> Delete 3610 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JAMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1991 SOUTH KANNER HIGHWAY STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS PARKS, CHARLES G <input type="checkbox"/> Delete 1900 SOUTH CLUB DRIVE WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUERST, SCOTT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 E. BROWARD BLVD, PO BOX 1900 FORT LAUDERDALE, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Chas A Pan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/28/05</u> Date Daytime Phone #		