


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P0600008535 1. Entry Name ROGER LEWIS CONSTRUCTION CO. INC.	
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Principal Place of Business 830 MARCO DRIVE N.E. ST. PETERSBURG FL 33702	Mailing Address 830 MARCO DRIVE N.E. ST. PETERSBURG FL 33702
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1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 56-2561967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
LEWIS, ROGER 830 MARCO DRIVE N.E. ST. PETERSBURG FL 33702	

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 removing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	LEWIS, L. ROGER
STREET ADDRESS	830 MARCO DRIVE N.E.
CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE	D <input type="checkbox"/> Delete
NAME	LEWIS, CLODAGH R
STREET ADDRESS	830 MARCO DRIVE N.E.
CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE	D <input type="checkbox"/> Delete
NAME	LEWIS, DAVID A
STREET ADDRESS	830 MARCO DRIVE N.E.
CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE	D <input type="checkbox"/> Delete
NAME	CARTIER, LAURA C
STREET ADDRESS	830 MARCO DRIVE N.E.
CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: L. Roger Lewis - L. ROGER LEWIS - PRESIDENT - JAN. 28, 2008 - 727-521-3951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR