## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 12, 2004 08:00 AM Secretary of State

1. Entity Name LEE LEWIS CONSTRUCTION, INC.						J	
Principal Place 7810 ORLAN LUBBOCK, TX	DO :	tailing Address 7810 ORLANDO LUBBOCK, TX 79423 US					
DO NOT WRITE IN THIS SPACE			CE	07012004 4. FEI Number 75-168	No Chg-P	CR2E034 (10	
ļ	6. Name and Address of Current Regi	stered Agent					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324  8. The above named entity submits this statement for the purpose of changing its register.			DO NOT WRITE IN THIS SPACE  red office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept				
the obligat	ions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agont and till	ed Agent signature (equine	d when reinstation)		DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Final Due by September 8, 2004 Trust Fund Contribution.			ncing _ \$5	.00 May Be	in accordance v	vith s. 607,193(	2)(b), F.S., the prior notice.
10.	OFFICERS AND DIRE	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PD FERGUSON, TOM 7810 ORLANDO LUBBOCK, TX 79423		the statement of the st				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWELL, JEANETTE 7810 ORLANDO AVE LUBBOCK, TX 79423			_	U00000 07/12/04-	1165197 -80003-012	2 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARD, JUDY 7810 ORLANDO AVE LUBBOCK, TX 79423			DO	NOT W	/RITE	

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 turther 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:

me

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

CENTRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CRECTOR

7-2-04/801-797-840

IN THIS SPACE