2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000004838

1. Entity Name LEIFFER & SONS EXCAVATING, INC.



FILED
May 03, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

4424 EDGEWATER DR. ORLANDO, FL 32804 4424 EDGEWATER DR. ORLANDO, FL 32804



DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3554643 Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

107-296-2010

6. Name and Address of Current Registered Agent

LOVETT, W.THOMAS 200 E. ROBINSON STREET, STE.500 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

4-28-06

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					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing .	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEIFFER, EARL M 4424 EDGEWATER DR. ORLANDO, FL 32804				Haddooch sea
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEIFFER, KIRK S 4424 EDGEWATER DR. ORLANDO, FL 32804				U00000561452 05/19/06-80015-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ACCRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 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.					

ED NAME OF SIGNING OFFICER OR DIRECTOR