


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 372374 1. Entity Name LEWARE CONSTRUCTION COMPANY	
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Principal Place of Business 925 THOMAS RD. LEESBURG, FL 34748 US	Mailing Address 925 THOMAS RD. LEESBURG, FL 34748 US
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DO NOT WRITE IN THIS SPACE

04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1305853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEWARE, JR., JAMES F
925 THOMAS RD.
LEESBURG, FL 32748**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEWARE, JAMES F JR 925 THOMAS ROAD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOSD LEWARE, SCOTT M 925 THOMAS RD. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWARE, ESTHER E. 1407 S 9TH ST. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VEAS WAUGH, KEITH A 925 THOMAS ROAD. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVAS CLARK, ANDREW M 925 THOMAS ROAD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAWRENCE, LINDA B 925 THOMAS ROAD LEESBURG, FL 34748

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04/19/05-80090-004 300.00

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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.

SIGNATURE:  **4-4-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #