

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005878

FILED
Jul 17, 2006
Secretary of State

Entity Name: LAGINAPPE CONSTRUCTION, INC.

Current Principal Place of Business:

3813 OLD SPANISH TRAIL.
GAUTIER, MS 39553

New Principal Place of Business:

Current Mailing Address:

3813 OLD SPANISH TRAIL.
GAUTIER, MS 39553

New Mailing Address:

FEI Number: 72-1384626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMERS, FORREST
12395 EVELYN AVENUE
PORT CHARLOTTE, FL 33981 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHMITT, MICHAEL
Address: 7109BELLE FONTAINE DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564 US

Title: S () Delete
Name: SCHMITT, MARSHA
Address: 7109 BELLE FONTAINE DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564 US

Title: VP () Delete
Name: SCHMITT, MICHAEL IV
Address: 58 GOOD STREET
City-St-Zip: BAY ST. LOIUS, MS 39520 US

Title: D () Delete
Name: SCHMITT, MICHAEL
Address: 7109BELLE FONTAINE DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564 US

Title: D () Delete
Name: SCHMITT, MARSHA
Address: 7109BELLE FONTAINE DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564 US

Title: T () Delete
Name: SCHMITT, MARSHA
Address: 7109 BELLE FONTAINE DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SCHMITT

PRES

07/17/2006

Electronic Signature of Signing Officer or Director

_____ Date