2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006433

Entity Name: LG CONSTRUCTORS, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1500 INTERNATIONAL DR SPARTANBURG, SC 29303						
Current Mailing Address:				New Mailing Address:		
C/O CANDICE LANFORD PO BOX 6280 SPARTANBURG, SC 29304 US			9191 S. JAMAICA ST. ATTN: TAX ENGLEWOOD, CO 80112 US			
FEI Number:	FEI Number: 52-2418930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()					Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US						
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SVP () D PRIMM, WILLIAM 1500 INTERNATION SPARTANBURG,	ONAL DR		Title: Name: Address: City-St-Zip:	SVP (X) C D'AMBRISIO, PA 9191 S. JAMAICA ENGLEWOOD, C	A ST.
Title: Name: Address: City-St-Zip:	VPD () C SANTEE, M. CAT 9191 S JAMAICA ENGLEWOOD, C	STREET		Title: Name: Address: City-St-Zip:	()(Change () Addition
Title: Name: Address: City-St-Zip:	CAS () C CUMMINGS, STE 1500 INTERNATION SPARTANBURG,	ONAL DR		Title: Name: Address: City-St-Zip:	AVP (X) C LATHEN, ROBER 9191 S. JAMAICA ENGLEWOOD, C	A ST.
Title: Name: Address: City-St-Zip:	T () C SHELTON, BRIAN 9191 S JAMAICA ENGLEWOOD, C	STREET		Title: Name: Address: City-St-Zip:	()(Change () Addition
Title: Name: Address: City-St-Zip:	WHALLEN, WILL	CENTER NORTH STE 650		Title: Name: Address: City-St-Zip:	WHALEN, WILLIA	R CENTER NORTH STE 650
Title: Name: Address: City-St-Zip:	PD () C ZABILANSKY, DO 11301 CARMEL C CHARLOTTE, NC	COMMONS BLVD		Title: Name: Address: City-St-Zip:	()(Change()Addition

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT L LATHEN AVP 04/24/2008