2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0400000132

City-St-Zip:

ENGLEWOOD, FL 34224

FILED Apr 10, 2008 Secretary of State

Entity Name: LEVASSEUR BUILDING & REMODELING, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
212 BROADMOOR LANE ROTONDA WEST, FL 33947					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2828 S. MCCALL RD-32, PMB #63 ENGLEWOOD, FL 34224			PMB #63	2828 S. MCCALL RD-32 PMB #63 ENGLEWOOD, FL 34224	
FEI Number:	01-0430890	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LEVASSEUR, STEVE R VP 2828 S. MCCALL RD-32, PMB #63 ENGLEWOOD, FL 34224 US			2828 S. MCCALL RD-3 PMB #63	LEVASSEUR, STEPHEN A P 2828 S. MCCALL RD-32 PMB #63 ENGLEWOOD, FL 34224 US	
The above in the State		ubmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: STEPHEN A. LEVASSEUR				04/10/2008	
Electronic Signature of Registered Agent			t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LEVASSEUR, S	L RD-32, PMB #63	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	LEVASSEUR, L	L RD-32, PMB #63	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	LEVASSEUR, S	Delete TEVE R L RD-32. PMB #63	Title: Name: Address:	()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.

City-St-Zip:

SIGNATURE: LOIS M. LEVASSEUR ST 04/10/2008