2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005826

INGALLS, SCOTT

96 RIVER ROAD

SCOTTSVILLE, NY 14546

Name:

Address:

City-St-Zip:

ntity Name: LL&P - POWER AND CONSTRUCTION GROUP, INC

FILED Sep 22, 2008 Secretary of State

Entity Name: LL&P - POWER AND CONSTRUCTION GROUP, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
96 RIVER SCOTTSV	ROAD (ILLE, NY 1454	46			
Current Mailing Address:			New Mailing Address:		
96 RIVER SCOTTSV	ROAD (ILLE, NY 1454	46			
FEI Number	: 16-1425844	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SIEBERT, TOM 219 BIG PINE LANE PUNTA GORDA, FL 33955 US			373	221 N. HÓGAN STREET	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: PHILIP S. BROOKS				09/22/2008	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT (BROOKS, PHIL 96 RIVER ROA SCOTTSVILLE	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (CLEVELAND, J 96 RIVER ROA SCOTTSVILLE	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (SIEBERT, TON 96 RIVER ROA SCOTTSVILLE	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VS () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PHILIP S. BROOKS PT 09/22/2008