


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90241 032 ***150.00

DOCUMENT # F07000002131

1. Entity Name
DOUG LEWIS CONSTRUCTION, INC.



Principal Place of Business 188 NORTH FOSTER STREET SUITE 107 DOTHAN AL 36303	Mailing Address 188 NORTH FOSTER STREET SUITE 107 DOTHAN AL 36303
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2. Principal Place of Business - No P.O. Box # 188 NORTH FOSTER ST.	3. Mailing Address 188 NORTH FOSTER ST.
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100

City & State DOTHAN ALABAMA	4. FEI Number 63-1226669	Applied For <input type="checkbox"/> Not Applicable
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Zip 36303	Country USA	Zip 36303	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent
**PETERS, JEREMIE
 1093 HIWAY 171
 GRACEVILLE FL 32440**

7. Name and Address of New Registered Agent

Name **N/A**

Street/Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **N/A** DATE

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST LEWIS, DOUG 801 WOODLEIGH ROAD DOTHAN AL 36305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC LEWIS, DOUG 801 WOODLEIGH ROAD DOTHAN AL 36305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, DOUG 801 WOODLEIGH ROAD DOTHAN AL 36305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Doug Lewis DOUG LEWIS** **9/17/08** **334-671-0657**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #