

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # K02014 1. Entity Name LEDBETTER MASONRY & CONSTRUCTION, INC.			
Principal Place of Business P.O. BOX 530401 LAKE PARK, FL 33403		Mailing Address P.O. BOX 530401 LAKE PARK, FL 33403	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 65-0021624	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
LEDBETTER, STEVEN W. 3986 CLASSIC CT WEST PALM BEACH, FL 33417		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE U00000672055 03/28/07-80041-026 150.00	
D LEDBETTER, STEVEN W. 3986 CLASSIC COURT WEST PALM BEACH, FL 33417			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D LEDBETTER, JAMES A. 2483 LAURAL LANE PALM BEACH GARDENS, FL 33410			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X 		3/12/07 Date	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	