## **2007 FOR PROFIT CORPORATION**

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT** DOCUMENT # K70809 LEBEAU CONSTRUCTION, INC.

Principal Place of Business

1333 MCCALL RD

PORT CHARLOTTE, FL 33981

Mailing Address

P O BOX 380456

MURDOCK, FL 33938-0456 US

FILED Jan 22, 2007 08:00 AM **Secretary of State** 



J. h.

01162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0109677 Applied For Not Applicable

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5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, JOHN CHARLES 21202 C-2 OLEAN BLVD. PORT CHARLOTTE, FL 33952

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pulions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. 1 am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent and title if applicable)				Agent signature required when cenate(ng) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBEAU, ALAN L. 1333 MCCALL RD. PORT CHARLOTTE, FL 33981					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TERRY, JAMES W 1333 MCCALL RD. POART CHARLOTTE, FL 33981				U00000597859 01/24/07-80052-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ē	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS ÇITY-SI-ZIP						
TITLE NAME		1 ,		· ·	· · ·	

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

JAMES W. TURRY