2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L07000074535

Entity Name: DERAK LEWIS CONSTRUCTION, LLC

Current Principal Place of Business:

117 QUEBEC AVE.
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

117 QUEBEC AVE.
DEFUNIAK SPRINGS, FL 32433 US

New Mailing Address:

FEI Number: 26-0551682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, DERAK G
117 QUEBEC AVE.
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEWIS, DERAK G
Address: 117 QUEBEC AVE.
City-St-Zip: DEFUNAIK SPRINGS, FL 32433 US

Title: MGR ( ) Delete
Name: LEWIS, APRIL C
Address: 117 QUEBEC AVE.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: MGR ( ) Delete
Name: HORTON, MICHAEL F
Address: 477 HARRISON RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: CLARK, HOWARD E
Address: 1911 MCLEOD RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DERAK G. LEWIS MGM 04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date