


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # M71030 1. Entity Name LOMAR TRENCHING INC.	
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Principal Place of Business 6221 SPRINGER DR PORT RICHEY, FL 34668 US	Mailing Address P.O. BOX 96 NEW PORT RICHEY, FL 34656 US
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DO NOT WRITE IN THIS SPACE



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2800226	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

LOBIANCO, MARC
7320 GRAND BLVD
NEW PORT RICHEY, FL 34652

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

UB00000793134
01/24/08-80037-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOBIANCO, MARC 7230 GRAND BLVD NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KLIENSCHMIDT, KENT 7725 FARMLAWN DR. PORT RICHEY, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Marc Lo Bianco 1/21/08 727 514 4042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARC LO BIANCO