


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000055398

1. Entity Name
 LEH CONSTRUCTION, INC.



Principal Place of Business 907 CYPRESS TERRACE 101 POMPANO BEACH, FL 33069-4016	Mailing Address 907 CYPRESS TERRACE 101 POMPANO BEACH, FL 3306--4016
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1015089	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

CZOCHER, CAROL
 907 CYPRESS TERRACE
 101
 POMPANO BEACH, FL 33069-4016

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CZOCHER, CAROL 907 CYPRESS TERRACE POMPANO BEACH, FL 330694016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWLAND, LES 1724 S.W. 8TH DRIVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CZOCHER, JACK 907 CYPRESS TERRACE POMPANO BEACH, FL 330694016
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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: Carol Czocher, Pres. 1/23/06 954-553-498
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #