


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90208 034 ***150.00

DOCUMENT # P00000100061

1. Entity Name
LSW BUILDERS, INC.



Principal Place of Business
**604 NE 15TH COURT
 304650 TANGELO RD
 PUNTA GORDA, FL 33955**

Mailing Address
**604 NE 15TH COURT
 304650 TANGELO RD
 PUNTA GORDA, FL 33955**

2. Principal Place of Business
128 SW 15th Pl.
 Suite, Apt. #, etc.
Cape Coral

3. Mailing Address
128 SW 15th Pl.
 Suite, Apt. #, etc.
Cape Coral

City & State
FI


City & State
FI

Zip
33991

Country
Lee

Zip
33991

Country
Lee



04222006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**WACHHOLDER, LINDA S
 30450 TANGELO RD
 PUNTA GORDA, FL 33955**

4. FEI Number
65-1048802

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

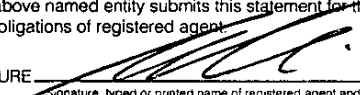
7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
128 SW 15th Pl

City
Cape Coral

FL Zip Code
33991

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  **Linda Wachholder President 4/25/06**

Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WACHHOLDER, LINDA S 128 SW 15TH PLACE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WACHHOLDER, WARREN A II 5264-3 CEDARBEND DR FT. MYERS, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WACHHOLDER, WARREN 128 SW 15TH PL CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Linda Wachholder** **4/26/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #