

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000115327

1. Entity Name

LEWIS SPECIALTY CONSTRUCTION CO., INC.



Principal Place of Business

14929 LENZE DR.
TAVARES, FL 32778

Mailing Address

14929 LENZE DR.
TAVARES, FL 32778



02252006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3692316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEWIS, ROGER
14929 LENZE DR.
TAVARES, FL 32778

**DO NOT WRITE
IN THIS SPACE**

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

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

TITLE	PD
NAME	LEWIS, ROGER
STREET ADDRESS	14929 LENZE DR.
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	VPD
NAME	LEWIS, ROGER JR
STREET ADDRESS	2905 PONKAN PINES ROAD
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	STD
NAME	LEWIS, SHARON
STREET ADDRESS	14929 LENZE DRIVE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000451960
03/11/06-800008-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon Lewis 2/27/06 352-343-5819