2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000031641

1. Entity Name
L. PELLINEN CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1365 TWIN OAKS CIR.	1365 TWIN OAKS CIR.
OVIEDO, FL 32765	OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

02182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
75-3021181	Not Applicable

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

6. Name and Address of Current Registered Agent

PELLINEN, LINDA
1365 TWIN OAKS CIR.
OVIEDO, FL 32765

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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_____

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, 2008 Fee will be $550.00

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

U00000912783
05/07/08-80092-024 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	PELLINEN, LINDA	
STREET ADDRESS	1365 TWIN OAKS CIR.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		
NAME		
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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: _Linda Pellinen_   4/17/08

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