## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

·	AM	ENDED AN	INUAL REPO	RT		_				
, DOCUMENT # P02000031704						FILED				
LEMCO CONTRACTING, INC.						04 SEP -3 AM 8: 40				
Principal Place		s	Mailing Address 4025 EAST CR 542	_			SECRETARY OF STATE TALLAMASSEE FLORIDA			
LAKELAND, F	L 33801		LAKELAND, FL 33801	LAKELAND, FL 33801			Mann Limai munii Amini umil	I <b>Bûlîn</b> niên tirk Lêdh <b>an</b> ni Bi	<b>E  101</b>     1001	
2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (10/03)		
City & State			City & State				658	N N	oplied For ot Applicable	
Zip	Country		Zip	Coun	try	<u> </u>	of Status Desired	\$8.75 Ad Fee Require	ditional ed	
	6. Name	and Address of Curre	nt Registered Agent		7. Name and	Address of New R	egistered Agent			
BUSH, GE 205 AVEN WINTER H	UE K, S.E		·	Name Senuel Fender Street Address (P.O. Box Number is Not Acceptable)						
					9025 City 01/1	CAST C	1 542	Zie Coc		
					1 "LAKEL	and		FL   45/5%	01	
8. The above	name@antit	y submits this statemen	t for the purpose of changing its	register	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am familiar with	and accept	
the obligation of registered agent										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Amended AR is \$61.25 7 7 7 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE	D		☐ Delete	TITL	E			☐ Change	☐ Addition	
NAME.	FENDER, LEMUEL, JR. NAT 4025 EAST CR 542									
STREET ADDRESS	[			•	ET ADDRESS					
CITY-ST-ZIP	LAKELAN	ID, FL 33801			-ST-ZIP					
TITLE			Delete	TITL	i i			Change	☐ Addition	
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NAME				NAM	į.					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS /-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 TYPEOOR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										
		SIGNATURE AND TYPED	OR PRINTEN NAME OF SIGNING OFFICE	R OR DIREC	TOR		Date	Daytime Phone #	ļ	