


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90132 008 ***150.00

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| DOCUMENT # P02000044087 |  |
| 1. Entity Name L & H BUILDERS INC. | |

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| Principal Place of Business 606 S.E. 18 TH ST CAPE CORAL, FL 33990 | Mailing Address 606 S.E. 18 TH ST CAPE CORAL, FL 33990 |
|--|--|

50064893

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|--|-----------------------------------|
| 2. Principal Place of Business 1709 SE 40th ST → | 3. Mailing Address Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---|-----------------------------|
| City & State CAPE CORAL, FL → | City & State Same |
| Zip 33904 | Country Lee → |
| | Zip Same |
| | Country Same |



08122005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 02-0622525 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LACKEY, RALPH E 606 S.E. 18 TH ST. CAPE CORAL, FL 33990 | |
| 7. Name and Address of New Registered Agent Name Herrmann, Kenneth J. Street Address (P.O. Box Number is Not Acceptable) 1709 SE 40th. ST. City CAPE CORAL FL 33904 | |

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: *Kenneth J. Herrmann* DATE: 8-15-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LACKEY, RALPH E 606 S.E. 18 TH ST CAPE CORAL, FL 33990 <input checked="" 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 HERRMANN, KENNETH J 1709 S.E. 40 TH ST. CAPE CORAL, FL 33904 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Herrmann Kenneth J 1709 SE 40th ST. CAPE CORAL, FL-33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PING, CALVEN 606 S.E. 18 TH ST CAPE CORAL, FL 33990 <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 | <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 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: *Kenneth J. Herrmann* DATE: 8-15-05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR