

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000092468

FILED
Sep 28, 2006
Secretary of State**Entity Name:** LIONZA CONSTRUCTION, INC.**Current Principal Place of Business:**4355 W. JUSTICE COURT
HOMOSASSA, FL 34446**New Principal Place of Business:****Current Mailing Address:**4355 W. JUSTICE COURT
HOMOSASSA, FL 34446**New Mailing Address:****FEI Number:** 32-0030799**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CARRION, RAMON
28100 U.S. 19 NORTH
SUITE 502
CLEARWATER, FL 33761 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PRES () Delete
Name: FERNANDEZ, DOSITEO
Address: 4389 W. JUSTICE CT.
City-St-Zip: HOMOSASSA, FL 34446 US**Title:** SECR () Delete
Name: DE CURTIS, MARIA L
Address: 4389 W. JUSTICE CT.
City-St-Zip: HOMOSASSA, FL 34446 US**Title:** VP (X) Delete
Name: RAND, GARY A
Address: 4355 W. JUSTICE CT.
City-St-Zip: HOMOSASSA, FL 34446 US**Title:** CEO (X) Delete
Name: RONALD, WHITEHEAD K
Address: 6444 W. HOMOSASSA TRAIL
City-St-Zip: HOMOSASSA, FL 34448 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOSITEO FERNANDEZ

PRES

09/28/2006

Electronic Signature of Signing Officer or Director_____
Date