

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90023 011 ***150.00

DOCUMENT # P02000103516

1. Entity Name

L.C. CONSTRUCTION SERVICES, INC.



Principal Place of Business

501 KNIGHTS RUN AVE APT #1203
 TAMPA FL 33602

Mailing Address

501 KNIGHTS RUN AVE APT #1203
 TAMPA FL 33602

OLD ADDRESS

2. Principal Place of Business

6425 EVANSTON ST

Suite, Apt. #, etc.

3. Mailing Address

6425 EVANSTON ST

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

WEEKI WACHEE FL

City & State

WEEKI WACHEE FL

4. FEI Number

90-0049616

Applied For

Not Applicable

Zip Country Zip Country
34613-6220 USA 34613-6230 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, LEWIS W
 501 KNIGHTS RUN AVE APT #1203
 TAMPA FL 33602

OLD ADDRESS



Lew Peters
 6425 Evanston St.
 Weeki Wachee, FL 34613

7. Name and Address of New Registered Agent

Name *L.C. CONSTRUCTION SERVICES INC*
 Street Address (P.O. Box Number is Not Acceptable)

6425 EVANSTON ST
 City *WEEKI WACHEE* FL Zip Code *34613*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, LEWIS W	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME	Lew Peters	
STREET ADDRESS	6425 Evanston St.	
CITY-ST-ZIP	Weeki Wachee, FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-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: *Lewis Peters* LEWIS PETERS 2-16-04 813-267-8160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #