

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108185

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** CRAIG LEQUEAR GENERAL CONTRACTOR INC.

**Current Principal Place of Business:**

5155 WILDEN RD  
MICCO, FL 32976

**New Principal Place of Business:**

**Current Mailing Address:**

5155 WILDEN RD  
MICCO, FL 32976

**New Mailing Address:**

**FEI Number:** 01-0752714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEQUEAR, HENRY  
5155 WILDEN RD  
MICCO, FL 32976 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVT ( ) Delete  
Name: LEQUEAR, HENRY  
Address: 5155 WILDEN RD  
City-St-Zip: MICCO, FL 32976

Title: S ( ) Delete  
Name: LEQUEAR, JODY K  
Address: 5155 WILDEN RD.  
City-St-Zip: MICCO, FL 32976 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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:** JODY LEQUEAR

SEC

01/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date