


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 APR 11 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000044094 1. Entity Name LDM CONSTRUCTION COMPANY, INC.	
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Principal Place of Business 23335 NW CR 236 30 HIGH SPRINGS, FL 32643	Mailing Address 23335 NW CR 236 30 HIGH SPRINGS, FL 32643
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1691028	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

HOLLOWAY, LEE A
25399 NW OLD BELLAMY ROAD
HIGH SPRINGS, FL 32643

DO NOT WRITE
IN THIS SPACE

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, 2008 Fee will be \$550.00

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

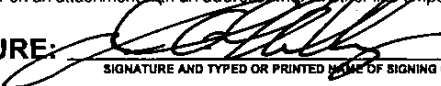
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, LEE A 25399 NW OLD BELLAMY ROAD HIGH SPRINGS, FL 32643
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04/09/08-0058-017 **300.00**

300123505233
04/15/08--01008--007 ****300.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  324-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #