

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061881

Entity Name: LCC ALL CONTRACTOR, INC.

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

25 BUFFALO MEADOW LANE
PALM COAST, FL 32137 US

New Principal Place of Business:

13 BIRD OF PARADISE DR
PALM COAST, FL 32137 US

Current Mailing Address:

25 BUFFALO MEADOW LANE
PALM COAST, FL 32137 US

New Mailing Address:

13 BIRD OF PARADISE DR
PALM COAST, FL 32137 US

FEI Number: 03-0518987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, CAROLINE
5950 LAKEHURST DR
246
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON, CAROLINE
8818 COMMODITY CIRCLE
SUITE 40
ORLANDO, FL 32819 US

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: CAROLINE LARSON

02/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COSTA, LUIZ C
Address: 56 BRUNSWICK LN
City-St-Zip: PALM COAST, FL 32137 US

Title: VPD () Delete
Name: VIEIRA DO AMARAL, SIMONE
Address: 56 BRUNSWICK LN
City-St-Zip: PALM COAST, FL 32137 US

Title: S (X) Delete
Name: PEREIRA, MIGUEL A
Address: 56 BRUNSWICK LN
City-St-Zip: PALM COAST, FL 32137 US

Title: T (X) Delete
Name: MAGALHAES, GERALDO P
Address: 56 BRUNSWICK LN
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COSTA, LUIZ C
Address: 13 BIRD OF PARADISE DR
City-St-Zip: PALM COAST, FL 32137 US

Title: VPD (X) Change () Addition
Name: VIEIRA DO AMARAL, SIMONE
Address: 13 BIRD OF PARADISE DR
City-St-Zip: PALM COAST, FL 32137 US

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: LUIZ C COSTA

PD

02/26/2007

Electronic Signature of Signing Officer or Director

Date