APR-27-2006 03:15 WIEBEL HENNELLS CARUFE PA

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90380 048 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000090020

1. Entity Name
LEWIS CONSTRUCTION ENTERPRISES OF FL, INC

40074742

Principal Place of Business	Mailing Address
1914 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110	1914 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1495 Railhead BLVD		1495 Railhead Blvd	
Suite, Apt. #, etc. Unit #4		Suite, Apt. #, etc. Unit #4	
City & State Naples, FL		City & State Naples, FL	
Zip 34110	Country Collier	Zip 34110	Country Collier

4. FEI Number 20-0154057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, IRENE
1914 IMPERIAL GOLF COURSE BLVD
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, JACK 1914 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LEWIS, IRENE 1914 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Irene M Lewis 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #