

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113286

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: WARD LIEBI GENERAL CONTRACTING, INC.

## Current Principal Place of Business:

POST OFFICE BOX 770756  
WINTER GARDEN, FL 34777 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 770756  
WINTER GARDEN, FL 34777 US

## New Mailing Address:

FEI Number: 56-2407191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIEBI, WARD  
16031 MAGNOLIA CIRCLE LANE  
MONTVERDE, FL 34756 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: P ( ) Delete  
Name: LIEBI, WARD  
Address: POST OFFICE BOX 770756  
City-St-Zip: WINTER GARDEN, FL 34777 US

Title: VP ( ) Delete  
Name: MAHN, DAVID  
Address: POST OFFICE BOX 770756  
City-St-Zip: WINTER GARDEN, FL 34777 US

Title: S/T ( ) Delete  
Name: MAHN, LYNNE  
Address: POST OFFICE BOX 770756  
City-St-Zip: WINTER GARDEN, FL 34777 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WARD A. LIEBI

PRES

03/08/2006

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

\_\_\_\_\_  
Date