

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000113286

1. Entity Name
WARD LIEBI GENERAL CONTRACTING, INC.



Principal Place of Business
**POST OFFICE BOX 770756
WINTER GARDEN, FL 34777 US**

Mailing Address
**POST OFFICE BOX 770756
WINTER GARDEN, FL 34777 US**



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2407191

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LIEBI, WARD
16031 MAGNOLIA CIRCLE LANE
MONTVERDE, FL 34756**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
LIEBI, WARD
STREET ADDRESS
POST OFFICE BOX 770756
CITY-ST-ZIP
WINTER GARDEN, FL 34777

TITLE
VP
NAME
MAHN, DAVID
STREET ADDRESS
POST OFFICE BOX 770756
CITY-ST-ZIP
WINTER GARDEN, FL 34777

TITLE
S/T
NAME
MAHN, LYNNE
STREET ADDRESS
POST OFFICE BOX 770756
CITY-ST-ZIP
WINTER GARDEN, FL 34777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000745164
05/16/07-80018-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Ward A. Liebi, President WARD A. LIEBI, PRES 4/27/07 407-399-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #