2007 FOR PROFIT CORPORATION

Feb 01, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P03000116157** 02-01-2007 90017 031 ***150.00 1. Entity Name LEE RISHER CONSTRUCTION INC Principal Place of Business Mailing Address 60010444 620 CABRERA ST 620 CABRERA ST KEY LARGO, FL 33037 KEY LARGO, FL 33037 No Chg-P 01292007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1151604 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RISHER, LEE DO NOT WRITE 620 CABRERA ST KEY LARGO, FL 33037 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, 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RISHER, LEE NAME STREET ADDRESS 620 CABRERA ST KEY LARGO, FL 33037 CITY-ST-ZIP VD TITLE NAME RISHER, CATRINA K STREET ADDRESS 620 CABRERA ST CITY-ST-ZIP KEY LARGO, FL 33037 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE 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:

STREET ADDRESS

NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

FILED