## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 08:00 All Secretary of State

ANNUAL REPORT				_			Apr 30, 2007 08:			
DOCU	MENT # P030001225				Secreta	ry of S				
1. Entity Name LRS, JR. GENERAL CONTRACTOR, INC.										
LNO, JN.	GENERAL CONTRACTOR,	NO.					٠			
Principal Plac	ce of Business	Mailing Address	• • • • • • • • • • • • • • • • • • • •	1						
103 LEYTE I		103 LEYTE DRIVE								
PENSACOLA	, FL 3250/	PENSACOLA, FL 32507				-				
DO NOT WRITE IN THIS SPA			<b>~</b> =	04102007	No Chg-P	CR2E034 (11	/05)			
			CE	4. FEI Numb 59-339			Applied For Not Applicable			
				5. Certificate	of Status Desired	□ \$8.75	Additional			
	6. Name and Address of Current Re	gistered Agent		<u> </u>		ree Ke	quirea			
SMITH IS	:C D ID									
SMITH, LEE R JR 103 LEYTE DRIVE				DO	NOT W	RITE				
PENSACOLA, FL 32507				IN 7	THIS SP	ACF				
			•							
8 The above	named entity submits this statement for the	na muranca of changing the register	ad allian as son allas		the in the State of Fla	ide Loss frontino				
the obligat	tions of registered agent	io barbose or chandling its registere	an ouice or register	ed agent, or bo	th, in the State of Flo	rida. Tam tamiliar	with, and accept			
SIGNATURE										
	Signature, typed or printed name of jegistered agent and	title if applicable (NOTE Registeral	d Agent signature required	ฟาษก reinstating)		DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution				00 May Be ed to Fees	05/18/07	10749166 Y-80010-02	0 150.00			
10.	OFFICERS AND DI	RECTORS								
TITLE	D			• .						
NAME STREET ADDRESS	SMITH, LEE R JR 103 LEYTE DRIVE			•						
CITY-ST-ZIP	PENSACOLA, FL 32507			,		· ,				
TITLE							٠, ,			
NAME STREET ADDRESS						,				
CITY-ST-ZIP				,		•				
TITLE		· · · · · · · · · · · · · · · · · · ·	1							
NAME						•				
STREET ADDRESS CITY-ST-ZIP				DO	<b>NOT W</b>	RITE				
TOTLE	· · · · · · · · · · · · · · · · · · ·		l							
NAME				IN	THIS SP	ACE				
STREET ADDRESS		;								
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·								
TITLE NAME										
STREET ADDRESS							i			
CITY-ST-ZIP					•					

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1-2507 858-516-1871