

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90060 027 \*\*\*150.00

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DOCUMENT # P03000140688

1. Entity Name  
 LADA CONSTRUCTION, INC.



Principal Place of Business  
 1815 W. BLACKHAWK COURT  
 CITRUS SPRINGS, FL 34434

Mailing Address  
 1815 W. BLACKHAWK COURT  
 CITRUS SPRINGS, FL 34434

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03092004 Chg-P CR2E034 (10/03)

4. FEI Number  
 58-2677469 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 LADA, STEVEN P  
 1815 W. BLACKHAWK COURT  
 CITRUS SPRINGS, FL 34434

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 \_\_\_\_\_  
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, 2004 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	D LADA, STEVEN P 1815 W. BLACKHAWK COURT CITRUS SPRINGS, FL 34434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADA, PAUL M 1815 W. BLACKHAWK COURT CITRUS SPRINGS, FL 34434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Paul Lada Paul Lada* 3-24-04 352-302-9772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #