2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# P03000141864

Entity Name: L. & J. RESTORATION/CONSTRUCTION, INC.

Current Principal Place of Business:

5039 MYRICK AVE
BOWLING GREEN, FL 33834

New Principal Place of Business:

Current Mailing Address:

5039 MYRICK AVE
BOWLING GREEN, FL 33834

New Mailing Address:

FEI Number: 59-2072904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULSE, LESTER
5039 MYRICK AVE
BOWLING GREEN, FL 33834 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/D ( ) Delete
Name: FULSE, LESTER MR
Address: 5039 MYRICK AVE/P.O.BOX 403
City-St-Zip: BOWLING GREEN, FL 33834

Title: S/D ( ) Delete
Name: FULSE, JEWEL
Address: 5039 MYRICK AVE/P.O.BOX 403
City-St-Zip: BOWLING GREEN, FL 33834

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: DUKES, LEROY
Address: 311 PINE HURST STREET
City-St-Zip: LAKELAND, FL 33815

Title: D ( ) Change (X) Addition
Name: DUKES, ERNEST
Address: 910 N. NEW YORK AVENUE
City-St-Zip: LAKELAND, FL 33815

I hereby certify that the information supplied with this filing does not qualify 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: LESTER FULSE P/D 02/05/2008

Electronic Signature of Signing Officer or Director — Date