## 2006 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 13, 2006 08:00 AM Secretary of State DOCUMENT # P03000156559 LEWIS V. LOTT, BUILDER, INC. Principal Place of Business Mailing Address 645 NW 8TH AVENUE 645 NW 8TH AVENUE HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 27-0090953 \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent LOTT, LEWIS V DO NOT WRITE 645 NW 8TH AVENUE HOMESTEAD, FL 33030 IN THIS SPACE

		ement for the purpos	e of changing its regist	ered office or registered as	gent, or both,	in the State of Florida.	l am familiar with, a	and accep
the obligations of re	egistered agent.							
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(NOTE. Registered Agent signature required when relocating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

SIGNATURE.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE NAME LOTT, LEWIS V STREET ADDRESS 645 NW 8TH AVENUE CITY-ST-ZIP HOMESTEAD, FL 33030 TITLE ST LOTT, FRANCES E NAME STREET ADDRESS 645 NW 8TH AVENUE CITY-ST-719 HOMESTEAD, FL 33030 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

100000385330 01/18/06-80011-022 150.00

Applied For

Not Applicable

## 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 empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP