## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000156559

1. Entity Name

LEWIS V. LOTT, BUILDER, INC.



Principal Place of Business

645 NW 8TH AVENUE HOMESTEAD, FL 33030 Mailing Address

645 NW 8TH AVENUE HOMESTEAD, FL 33030 FILED
Mar 16, 2007 08:00 A
Secretary of State



03072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 27-0090953

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOTT, LEWIS V 645 NW 8TH AVENUE HOMESTEAD, FL 33030

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000669665 03/27/07-80079-007 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOTT, LEWIS V 645 NW 8TH AVENUE HOMESTEAD, FL 33030				
TITLE	ST			1	
NAME	LOTT, FRANCES E				•
STREET ADDRESS	645 NW 8TH AVENUE				
CITY-ST-ZIP	HOMESTEAD, FL 33030				
TITLE				•	,
NAME			1		8
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME				IN	THIS SPACE
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NAME				•	
STREET ADDRESS					•
CITY-ST-ZIP					
TITLE			,		

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 without address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Daylime Phone #