## **FILED** Aug 09, 2004 8:00 am Secretary of State

	2004 FC	ANNU		EPORT	LIION
DOCH	MENT #	P04000	000282	)	

08-09-2004 90001 046 \*\*\*163.75 1. Entity Name LRS, CONSTRUCTION INC Principal Place of Business Mailing Address 3164 LEGENDARY LANE 3164 LEGENDARY LANE 54067305 MELBOURNE, FL 32935 MELBOURNE, FL 32935 US 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07202004 CR2E034 (10/03) City & State Applied For Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. SHELLEY, LANDIS R JR. 3164 LEGENDARY LANE Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32935 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition SHELLEY, LANDIS R JR MAME NAME STREET ADDRESS 3164 LEGENDARY LANE STREET ADDRESS MELBOURNE, FL 32935 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS Cff Y-ST-ZIP CHY-SI-ZIP ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(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 if charged, or on an attachment with an address, with all other like empowered. ICER OR DIRECTOR