2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State
06-14-2006 90004 037 ***158.75

06112006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000010546

1. Entity Name
L & L CONSTRUCTION OF SO. FLORIDA, INC.

Principal Place of Business	Mailing Address
5096 SE ORANGE STREET STUART, FL 34997 US	5096 SE ORANGE STREET STUART, FL 34997 US

2. Principal Place of Business	3. Mailing Address
1713 Carbondale Dr N	1713 Carbondale Dr N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax Fla	City & State: Jax Fl
Zip: 32208 Country: USA	Zip: 32208 Country: USA

4. FEI Number: 34-1977213 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DRELL, LANCE 5096 SE ORANGE STREET STUART, FL 34997	Name: Lance Drell Street Address (P.O. Box Number is Not Acceptable): 1713 Carbondale Dr N City: Jax FL Zip Code: 32208

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] 6-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST DRELL, LANCE 5096 SE ORANGE STREET STUART, FL 34997 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Drell Lance 1713 Carbondale Dr N Jax Fl 32208 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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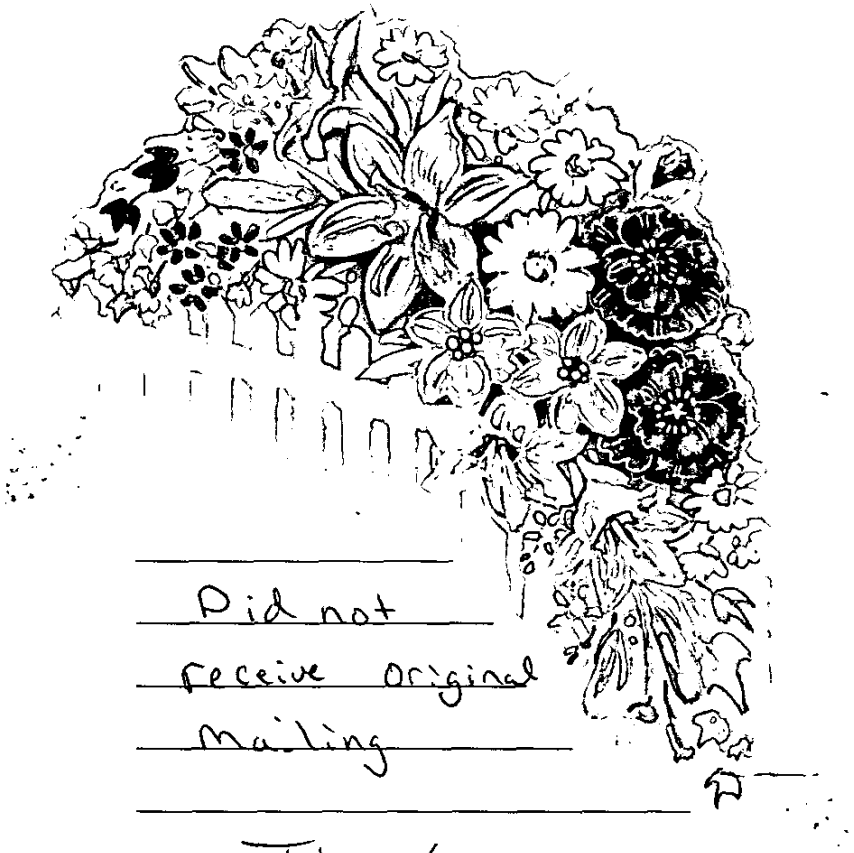
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 with an address, with all other like empowered.

SIGNATURE: [signature] 6-10-06 772 485-6632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
40095H64
#P0400010546



Did not
receive original
mailing

Thank you

O Lord, how many are your works!
Psalm 104:24