## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000046928

Entity Name: LASH CONTRACTING, INC.

2497 ROSENDALE RD.

NISKAYUNA, NY 12309

Address: City-St-Zip: FILED Apr 24, 2006 Secretary of State

_many man		514110.011140, 1140.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	TH OCEAN BO PAN, FL 33462				
Current Mailing Address:			New Mailing Address:		
	TH OCEAN BO PAN, FL 33462				
FEI Number	: 14-1817872	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MANALAP	H OCEAN BC PAN, FL 33462	2 US	ournose of changing its registered	l office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose of changing its registered	romoc or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( LASHWAY, RO 32 CAMPUS C GUILDERLANI	LUB DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( MCCARTHY, R 7 HEMLOCK S LATHAM, NY	Т.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	T ( NIEDBALEC, S	) Delete CTEVEN P	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT LASHWAY P 04/24/2006