

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90047 041 ***150.00

DOCUMENT # P04000094631

1. Entity Name
LANDRETH CONSTRUCTION, INC.



40061100



Principal Place of Business
**1600 SHETTER AVENUE #210
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**1600 SHETTER AVENUE #210
JACKSONVILLE BEACH, FL 32250**

2. Principal Place of Business - No P.O. Box #

10320 Minglewood Dr

3. Mailing Address

10320 Minglewood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-P CR2E034 (12/06)

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number
76-0761863

Applied For
☐ Not Applicable

Zip
32246

Country
USA

Zip
32246

Country
USA

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

**LEPRELL, SAMUEL L
201 ST. MARK'S PLACE
1930 SAN MARCO BOULEVARD
JACKSONVILLE, FL 32207**

Name
Jason Landreth
Street Address (P.O. Box Number is Not Acceptable)
10320 Minglewood Dr
City
Jacksonville FL Zip Code
32246

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]

4-12-07

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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANDRETH, JASON D
1600 SHETTER AVENUE #210
JACKSONVILLE BEACH, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07

Date

904-994-4828

Daytime Phone #