


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90300 012 \*\*\*150.00

<b>DOCUMENT # P04000113366</b> 1. Entity Name <b>L.R. FELT CONSTRUCTION, INC</b>			
Principal Place of Business <del>492 PARKRIDGE AVE</del> <b>ORANGE, FL 32065</b> <i>6421 Bowdoin Ave. PARK FL.</i>		Mailing Address <del>492 PARKRIDGE AVE</del> <b>ORANGE, FL 32065</b> <i>6421 Bowdoin Ave. PARK FL.</i>	
2. Principal Place of Business Suite, Apt. #, etc. <i>Keystone Heights FL</i> City & State <i>FL</i> Zip <i>32656</i> Country <i>Clay</i>		3. Mailing Address <i>Same</i> Suite, Apt. #, etc. <i>FL</i> City & State <i>FL</i> Zip <i>32656</i> Country <i>Clay</i>	
4. FEI Number <b>20-1432051</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04202005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>FELT, LANCE R</b> <del>492 PARKRIDGE AVE</del> <del>ORANGE, FL 32065</del> <i>Lance R. Felt</i> <i>6421 Bowdoin Ave.</i> <i>Keystone Heights FL</i> <i>32656</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Lance R. Felt</i> DATE <i>4-20-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS FELT, LANCE R 492 PARKRIDGE AVE ORANGE, FL 32065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARNEY, TAMMY 492 PARKRIDGE AVE ORANGE, FL 32065	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
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
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Lance R. Felt / Lance R. Felt</i>		Date <i>4/20/05</i> Daytime Phone # <i>904 235 1232</i> Cell <i>cell</i>	

*If incorrect Please call 904-235-1232 (cell)*