


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90203 021 ***150.00

DOCUMENT # P04000124293

1. Entity Name
TONY LESHER CONSTRUCTION INC.




Principal Place of Business
**113 CAPE CIRCLE
 PANAMA CITY BCH, FL 32413**

Mailing Address
**113 CAPE CIRCLE
 PANAMA CITY BCH, FL 32413**

2. Principal Place of Business
1902 Oak Crest Lane
 Suite, Apt. #, etc.
Southport FL
 City & State
32409 USA
 Zip Country

3. Mailing Address
1902 Oak Crest Lane
 Suite, Apt. #, etc.
Southport FL
 City & State
32409 USA
 Zip Country

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04172006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1549713

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LESHER, TONY
 113 CAPE CIRCLE
 PANAMA CITY BCH, FL 32413**

7. Name and Address of New Registered Agent
 Name
Leshar, Tony
 Street Address (P.O. Box Number is Not Acceptable)
1902 Oak Crest Lane
 City
Southport FL Zip Code
32409

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 _____ DATE _____
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 After May 1, 2006 Fee will be \$350.00

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	P LESHER, TONY 113 CAPE CIRCLE PANAMA CITY BCH, FL 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Leshar, Tony 1902 Oak Crest Lane Southport, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Tony Leshar* April 21, 2006 850-625-5509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #