

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90104 012 ***150.00



DOCUMENT # P04000124293
 1. Entity Name
TONY LESHER CONSTRUCTION INC.

Principal Place of Business
**1902 OAK STREET LANE
 PANAMA CITY, FL 32409**

Mailing Address
**1902 OAK STREET LANE
 PANAMA CITY, FL 32409**



2. Principal Place of Business - No P.O. Box #
1902 Oak Crest Lane

3. Mailing Address
1902 Oak Crest Lane

Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State
Southport FL

City & State
Southport FL

Zip
32409

Country
USA

4. FEI Number
20-1549713

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LESTER, TONY
 1902 OAK STREET LANE
 PANAMA CITY BCH, FL 32413**

7. Name and Address of New Registered Agent

Name
Tony Lesher

Street Address (P.O. Box Number is Not Acceptable)
1902 Oak Crest Lane

City
Southport

State
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: *Tony Lesher* DATE: 4-30-07

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME LESTER, TONY	
STREET ADDRESS 1902 OAK STREET LANE	
CITY-ST-ZIP PANAMA CITY, FL 32409	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Tony Lesher	
STREET ADDRESS 1902 Oak Crest Lane	
CITY-ST-ZIP Southport, FL 32409	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Lesher* DATE: 4-30-07 DAYTIME PHONE #: 850-625-5509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #