


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000002566	
1. Entity Name LADINO'S CONSTRUCTION, INC.	

Principal Place of Business 4003 12TH ST W LEHIGH ACRES, FL 33971 US	Mailing Address 4003 12TH ST W APT 19101 LEHIGH ACRES, FL 33971 US
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03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2105855	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LADINO, YONNY F 4003 12TH ST W LEHIGH ACRES, FL 33971

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LADINO, YONNY F 4003 12TH ST W LEHIGH ACRES, FL 33971
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<p>U000000693166 04/16/07-80030-002 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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