

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000152649

1. Entity Name  
LEHIGH CONSTRUCTION CO., INC.



Principal Place of Business  
10540 PORTAL CROSSING SUITE 111  
BRADENTON, FL 34211

Mailing Address  
10540 PORTAL CROSSING SUITE 111  
BRADENTON, FL 34211



03202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1942164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D  
1205 MANATEE AVE W  
BRADENTON, FL 34205

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U00000944842  
05/29/08-80117-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	MR.
NAME	MAZZUCCA, ANTHONY PRES.
STREET ADDRESS	6660 PEBBLE BEACH WAY
CITY-ST-ZIP	BRADENTON, FL 34202

TITLE	MS.
NAME	BISHOP, CYNTHIA SEC/TRE
STREET ADDRESS	6660 PEBBLE BEACH WAY
CITY-ST-ZIP	BRADENTON, FL 34202

TITLE	MR.
NAME	KIDWELL, DELLBURT VP
STREET ADDRESS	7928 SUNTREE GLEN
CITY-ST-ZIP	BRADENTON, FL 34202

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

4/28/08 941 7442460