2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045505

Address:

City-St-Zip:

451 TREASURE LAGOON LANE

MERRITT ISLAND, FL 32953

Entity Name: LANDAIR CONSTRUCTION CORPORATION II

FILED Jul 30, 2008 Secretary of State

Littly Na	IIIE. LANDA	IR CONSTRUCTION CORFOR	ATIONII		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1680 W. HIBISCUS BLVD.					
SUITE B MELBOURNE, FL 3290					
MELBOUR	KNE, FL 329	U1			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1680 W. HIBISCUS BLVD. SUITE B					
MELBOUF	RNE, FL 329	01			
FEI Number	: 20-4864921	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
NOTARDONATO, CELESTE N 451 TREASURE LAGOON LANE MERRITT ISLAND, FL 32953 US				CHASIN, ROBERT C 558 S SONORA CIRCLE INDIALANTIC, FL 32903 US	
in the State	e of Florida.	•	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ROBERT C CHASIN				07/30/2008	
	ice with s. 607.	onic Signature of Registered Ac 193(2)(b), F.S., the corporation did r ing Trust Fund Contribution().		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP CHASIN, ROI 558 S SONO INDIALANTIC	RA CIRCLE	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SOYKA, MAT	IDINA ST. N.W.	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:		(X) Delete ATO, CELESTE N	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT C CHASIN CP 07/30/2008