

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120075

FILED
Aug 20, 2008
Secretary of State

Entity Name: LAY IT DOWN CONSTRUCTION, INC.

Current Principal Place of Business:

5209 SHIRLEY AVE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

3696 BARBIZON CIRCLE SOUTH
JACKSONVILLE, FL 32257 US

Current Mailing Address:

5209 SHIRLEY AVE
JACKSONVILLE, FL 32210 US

New Mailing Address:

3696 BARBIZON CIRCLE SOUTH
JACKSONVILLE, FL 32257 US

FEI Number: 20-5562282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, TRAVIS
5209 SHIRLEY AVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

CARROLL, TRAVIS
3696 BARBIZON CIRCLE SOUTH
JACKSONVILLE, FL 32257 US

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.

SIGNATURE:

08/20/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CARROLL, TRAVIS
Address: 5209 SHIRLEY AVE.
City-St-Zip: JACKSONVILLE, FL 32210 FL

Title: VP (X) Delete
Name: DIETER, PATRICK
Address: 5209 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CARROLL, TRAVIS
Address: 3696 BARBIZON CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32257 FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TRAVIS CARROLL

PST

08/20/2008

Electronic Signature of Signing Officer or Director

Date