

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067481

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: LACOST CONTRACTING, INC.

## Current Principal Place of Business:

1293 JAMAICA RD.  
MARCO ISLAND, FL 31145

## New Principal Place of Business:

1293 JAMAICA RD.  
MARCO ISLAND, FL 34145

## Current Mailing Address:

1293 JAMAICA RD.  
MARCO ISLAND, FL 31145

## New Mailing Address:

1293 JAMAICA RD.  
MARCO ISLAND, FL 34145

FEI Number: 61-1531886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LACOST, GEOFFREY  
1293 JAMAICA RD.  
MARCO ISLAND, FL 31145 US

## Name and Address of New Registered Agent:

LACOST, GEOFFREY  
1293 JAMAICA RD.  
MARCO ISLAND, FL 34145 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:

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: LACOST, GEOFFREY  
Address: 1293 JAMAICA RD.  
City-St-Zip: MARCO ISLAND, FL 31145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: LACOST, GEOFFREY  
Address: 1293 JAMAICA RD.  
City-St-Zip: MARCO ISLAND, FL 34145

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: GEOFFREY LACOST

PSTD

04/22/2008

Electronic Signature of Signing Officer or Director

Date