2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90035 037 ***150.00

DOCUMENT # P95000087432

1. Entity Name
~~LEATHERWOOD CONSTRUCTION, INC~~
Pioneer Underground Utilities, Inc.

Principal Place of Business	Mailing Address
1058 US HWY 92 WEST AUBURNDALE, FL 33823 US	1058 US HWY 92 WEST AUBURNDALE, FL 33823 US

J12000001

02192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
524 S. Combee Rd Suite, Apt. #, etc.	524 S. Combee Rd Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33801 Country: USA	Zip: 33801 Country: USA

4. FEI Number: 59-3347757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEATHERWOOD, LORETTA F 275 JONES RD. AUBURNDALE, FL 33823	Name: Orain Albritton Street Address (P.O. Box Number is Not Acceptable): 2818 Boll Weevil Rd City: Nocatee FL Zip Code: 34268

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: Orain Albritton Orain Albritton 4/19/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEATHERWOOD, LORETTA F 275 JONES RD. AUBURNDALE, FL 33823	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEATHERWOOD, WALTER L 275 JONES RD. AUBURNDALE, FL 33823	XX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Norma Albritton 2818 Boll Weevil Rd Nocatee, FL 34268	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Orain Albritton 2818 Boll Weevil Rd Nocatee, FL 34268	☐ Change XX ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Norma Albritton Norma Albritton, Hon 4/19/04 863-559-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #