

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000013676

FILED
Jan 31, 2008
Secretary of State

Entity Name: POSTCO CONSTRUCTION, INC.

Current Principal Place of Business:

16001 SW MARKET STREET
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 849
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 65-0639582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POST, ROBERT M JR
16001 SW MARKET STREET
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

LESLIE, JEFF
16001 SW MARKET STREET
INDIANTOWN, FL 34956 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: JEFF LESLIE

01/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POST, LINDA M
Address: 16001 S.W. MARKET STREET
City-St-Zip: INDIANTOWN, FL 34956

Title: STD () Delete
Name: LESLIE, JEFFREY S
Address: 15925 S.W. WARFIELD BOULEVARD
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JEFF LESLIE

STD

01/31/2008

Electronic Signature of Signing Officer or Director

Date