## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P96000060742 1. Entity Name LPM CONSTRUCTION, INC. Principal Place of Business LOUIS MARCEAU P.O.BOX 31405 PALM BEACH GARDENS, FL 33420-1405 US DO NOT WRITE IN THIS SPACE

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0240015

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCEAU, LOUIS P 9520 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling)  DATE						
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000596702 01/24/07-80006-023 150.00	
10.	OFFICERS AND DIREC	CTORS				
HILE NAME STREET ADDRESS CITY+ST+ZIP	DP MARCEAU, LOUIS P P.O. BOX 31405 PALM BEACH GARDENS, FL 33420					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VPST MARCEAU, LOUIS P P.O. BOX 31405 PALM BEACH GARDENS, FL 33420					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-7IP			,			
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS PAUL MARCEAU

Jan 18/2007

Daytime Phone #