2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P98000024304

1. Entity Name

LAND REPAIR & MAINTENANCE, INC.

Principal Place of Business

540 S.W. 27TH AVE

BAY 773 FT LAUDERDALE, FL 33312 Mailing Address

540 S.W. 27TH AVE

BAY 773

FT LAUDERDALE, FL 33312

FILED Apr 28, 2008 08:00 AN Secretary of State



CR2E034 (11/05)

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NOT	WDITE	INI	TLIC	CDACE	

• 120200	 		
4. FEI Number	 Applied For		
65-0828251	Not Applicable		
5. Certificate of Status Desired	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

MULVANEY, LEWIS ROBERT II 540 S.W. 27TH AVE **BAY 773** FT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

No Cho-P

the obligat	tions of registered agent. Signature typed or printed name of registered agent and title i	applicable (NOTE Registered Agent signature	reguired when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution			\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
TITLE	PD			H00000926497
NAME	MULVANEY, LÉWIS ROBERT II			000000926487 05/20/08-80065-019 150.00
STREET ADDRESS	540 S.W. 27TH AVE BAY 773			00,50,00 00000 010 100:00
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312			
7174.6	M			

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

TITLE WEBER, MICHAEL J NAME STREET ADDRESS **501 SW 126 TERRACE** CITY-ST-ZIP **DAVIE, FL 33325** TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby 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 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.

MULVANE

CITY-ST-ZIP