2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P98000075092 L. A. CONSTRUCTION SERVICES, INC.

FILED Mar 09, 2007 08:00 A Secretary of State



Principal Place of Business

Mailing Address

4115 N COURTENAY PKWY MERRITT ISLAND, FL 32953 US

4115 N COURTENAY PKWY MERRITT ISLAND, FL 32953



Applied For 4. FEI Number 59-3529961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

LOVETT, CHESTER L 4115 N COURTENAY PKWY

MERRITT ISLAND, FL 32953				THIS SPACE
 The above named entity submits this statement for the p the obligations of registered agent. 	ourpose of changing its registere	d office or i	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and little	f applicable. (NOTE: Registered	I Agent signaturi	é requiréd when réinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIREC	CTORS			- 03/20/07-80055-012 /150.00 ·
TITLE DVP				
NAME LOVETT, CHESTER L		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
STREET ADDRESS 4115 N COURTENAY PKWY CITY-ST-ZP MERRITT ISLAND, FL 32953				
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NAME LOVETT, ANNMARIE D		100	a Batteria da Lacistigo	
STREET ADDRESS 4115 N COURTENAY PKWY		្រុំ នូមទ		หมด นายด้วงอักษาโรกจะนำเหลือด้วยด้วยเรื่อง
CITY-ST-ZIP MERRITT ISLAND, FL 32953				
TITLE ST		32		
NAME LOVETT, CHANDA				
STREET ADDRESS 4115 N COURTENAY PKWAY			DO	NOT WRITE
CITY-ST-ZIP MERRITT ISLAND, FL 32953	 		71. British (1974)	사이 이 이번 이렇게 생활한 경영을 하는 것입니다. 이 없었다면 되었다.
TITLE NAME				THIS SPACE
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CITY-ST-ZIP				entroprogramation is a company of the first of the company of the
DILE	······································	No. p. No. D. Janes S. S.		in en fransk fredskripter i det fat it eksplikter til fille. Fattallige er skelve sammer i blad fra til ett for
NAME				
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CITY-ST-ZIP				图 医学系医疗 医自己经验证证证
TITLE		. A. S. S.		
NAME		(1) _M		
STREET ADDRESS CITY-ST-ZIP		,		
12. I hereby certify that the information supplied with this f	filing dose not qualify for the eve	amotions co	onteined in Chenter 11	9. Florida Statutes. I further certify that the information

indicated on this report or supplied with this limit does not quarry for the exemptions contained in Chapter 119, Plonta Statutes. I further centry 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: DANTE ANDMANCE	D. Lovers Pres	2-18-07	32/452071	6
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1	Date	Disylime Phone #	