

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000086890

1. Entity Name
L.P. CONSTRUCTION CONTRACTING, INC.



Principal Place of Business
9363 FT CAROLINE ROAD
JACKSONVILLE, FL 32225

Mailing Address
9363 FT CAROLINE ROAD
JACKSONVILLE, FL 32225



DO NOT WRITE IN THIS SPACE

01312005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3637760
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUCCI, LOUIS A
9363 FT CAROLINE ROAD
JACKSONVILLE, FL 32225

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
PUCCI, LOUIS
STREET ADDRESS
9363 FT. CAROLINE ROAD
CITY - ST - ZIP
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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05/03/05-80029-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/1/04 904-591-1546
Date Daytime Phone