2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							
DOCUMENT # S67063				Apr 23, 2008 08:00 AN			
1. Entity Nam		INC			Secret	ary of State	
EGRUU	NCRETERCONSTRUCTION	, INC.					
Principal Place	e of Business	Mailing Address	•				
1807 NORTH WATERMAN DRIVE 1807 NORTH WATERMAN DRIVE			E				
VALRICO, FL 33594 VALRICO, FL 33594							
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				04202008 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number Applied For			
				59-3074369 Not Applicable			
				5. Certificate of State		3.75 Additional e Required	
	6. Name and Address of Current R	alstered Agent	[L			
LEWIS, EDDIE 1807 N WATERMAN DRIVE					OT WRITE		
	VALRICO, FL 33594				IN THIS SPACE		
				3110 1131			
 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							
FiL	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	 Election Campaign Final Trust Fund Contribution. 		.00 May Be led to Fees	100000010000		
			•		. U00000915690 ;/09/08-80025-6	1 0 150 00	
10.	OFFICERS AND D	IRECTORS	-				
TITLE NAME	LEWIS , EDDIE		1				
STREET ADORESS	1807 M WATERMAN DR						
CITY-SI-ZIP	VALRICO, FL		-				
TATLE NAME	LEWIS, ROSALYN D						
STREET ADDRESS	1807 M WATERMAN DR						
CITY-ST-ZIP	VALRICO, FL		•	••			
title NAME							
STREET ADDRESS					OT WRITE		
CITY-ST-ZIP			-				
title Name				INIH	IS SPACE		
STREET ADDRESS				-			
CATY-ST-ZIP							
title Name			1				
STREET ADDRESS			1			·	
City-st-zip			-				
TTLE							
NAME STREET ADDRESS							
City-St-Zip	`	* ***	Į				
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 attachmeet with an address, with all other like empowered.							
SIGNAT	URE: Tup Ten	<u>– Kosalyn Lem</u>	lis	4-20-0	<u>18 813.60</u>	2-0582	
	SIGNATURE AND TYPED OR PR	NTED NAME OF BIGHING OFFICER OR DIREC	TOR	٥	Jaza Dayt	GRETTICHE #	

FILED