

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90016 006 \*\*\*150.00

**DOCUMENT # V29235**

1. Entity Name  
**LIRA CONSTRUCTION INC.**



Principal Place of Business  
**5867 S.E. AVALON DR  
STUART, FL 34997 US**

Mailing Address  
**POST OFFICE BOX 1475  
PORT SALERNO, FL 34992**

**40110295**



07082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**17684 209th Rd**

3. Mailing Address  
**17684 209th Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LIVE OAK, FL**  
Zip **32060** Country **USA**

City & State

**LIVE OAK, FL**  
Zip **32060** Country **USA**

4. FEI Number  
**59-3097216**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**LIRA, HENRY  
5867 S.E. AVALON DR  
STUART, FL 34997**

Name

**HENRY LIRA**

Street Address (P.O. Box Numbers Not Acceptable)

**17684 209th Rd**

City

**LIVE OAK**

**FL**

Zip Code

**32060**

## 7. Name and Address of New Registered Agent

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	LIRA, HENRY	
STREET ADDRESS	5867 SE AVALON DR	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LIRA, JOYCE C	
STREET ADDRESS	5867 SE AVALON DR	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIRA HENRY	
STREET ADDRESS	17684 209th Rd	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIRA, JOYCE C	
STREET ADDRESS	17684 209th Rd	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**HENRY LIRA PT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7.10.08**

**386.804.9534**