


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # F99000000872
 1. Entity Name
 L. P. R. CONSTRUCTION CO.



Principal Place of Business Mailing Address
 1171 DES MOINES AVE. 1171 DES MOINES AVE.
 LOVELAND, CO 80537 LOVELAND, CO 80537

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
 84-0792665 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

01/23/08-80054-0054150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, C. ROCKWELL 3320 HERB CT. LOVELAND, CO 80537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EHASZ, DIAHAN 1171 DES MOINES AVE. LOVELAND, CO 80537
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Diahan Ehasz* 1/10/08 970-461-5140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 DIAHAN EHASZ, SECRETARY