2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N14911



FILED Apr 17, 2006 8:00 am Secretary of State

1. Entity Nam		LUB, INC.						04-1 /-200	0 9033 /	043	01.23	
Principal Plac C/O ELLIOT I 835 20TH P VERO BEACH	MERILL MAN LACE	AGEMENT	Mailing Address C/O ELLIOT ME 835 20TH PLA VERO BEACH, I	rill managen Ce	MENT	:		51831 31513 18181 51881		B1811 &1811 B1811		
2. Principal Place of Business			3. Mailing Addres	3. Mailing Address								
Suite, Apt.	pal Place of Business Apt. #, etc.		Suite, Apt. #, etc.				01032006	Chg-NP	CR2E	037 (11/0	5)	
City & Stat	le		City & State	······································			4. FEI Numbe 36-351				Applied For Not Applicable	
Zip Country			Zip	Zip Country			5. Certificate	of Status Desired	d 🗆	\$8.75 Fee Req	Additional uired	
	6. Name	and Address of Currer	t Registered Agent				7. Name and	Address of Nev	v Registere	d Agent		
					Name							
MERRILL, C/O ELLIC 835 20TH	OTT MERF	RILL COMMUNITY	MGMT		Street Ad	ldress (P	.O. Box Numbe	er is Not Accepta	able)			
VERO BE		32960										
					City				F	Zip C	ode	
	named entit tions of regist	y submits this statement tered agent.	for the purpose of cha	nging its registe	ered office or r	registere	d agent, or bot	h, in the State of	Florida. I a	m familiar w	ith, and accept	
SIGNATURE												
SIGNATURE		or printed name of registered age	nt and title if applicable.	(NOTE: Registe	ared Agent signature	e required v	when reinstating)		DATE	E		
							<u> </u>					
	-	e is \$61.25 Nay 1, 2006	1	ction Campaign			\$5.00 May B Added to Fees		Make che lorida Dep	eck payab i partment o		
10.	-		Trus	st Fund Contribu	ution. [\$5.00 May B Added to Fees		lorida Dep	artment o	f State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHULM. 620 TOM	May 1, 2006	Tru	st Fund Contribution 11 lete Till NA	ution. [San Jan	\$5.00 May B Added to Fees DDITIONS/CHA	ANGES TO OFFI	lorida Dep	DIRECTOR:	f State S IN 10	
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Thereby certify that the information supplied with this illing does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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 617, 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #