

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90015 043 ***150.00

DOCUMENT # 243433

1. Entity Name
LAUREL BUILDERS, INC.



Principal Place of Business
**150 OXFORD RD, SUITE 140
P O BOX 300789
FERN PARK, FL 32730-7789**

Mailing Address
**150 OXFORD RD, SUITE 140
P O BOX 300789
FERN PARK, FL 32730-7789**

DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0920777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**SHUTTS, ROBERT T.
150 OXFORD RD
STE 140
FERN PARK, FL 32730**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHUTTS, ROBERT T.
STREET ADDRESS	150 OXFORD RD SUITE 140
CITY-ST-ZIP	FERN PARK, FL
TITLE	VD
NAME	ROBINSON, PETER G
STREET ADDRESS	3201 CARDINAL DR P-5
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VTD
NAME	ROBINSON, JOSEPH D IV
STREET ADDRESS	150 OXFORD RD
CITY-ST-ZIP	FERN PARK, FL
TITLE	V
NAME	ROBINSON, DEEELLEN
STREET ADDRESS	315 GREYTWIG ROAD
CITY-ST-ZIP	VERO BEACH, FL
TITLE	ASD
NAME	ROBINSON, CARROLL
STREET ADDRESS	2302 BARBADOS DR.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	SD
NAME	RIDGWAY, JANET L
STREET ADDRESS	705 YOUNGSTOWN PARKWAY # 359
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

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IN THIS SPACE**

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:

Joseph D. Robinson, IV (JOSEPH D. ROBINSON, IV)

3/21/06

407-831-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #