

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

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**



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0920777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, IV, JOSEPH
150 OXFORD RD
SUITE 140
FERN PARK, FL 32730**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**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

U000000903586
04/30/08-80053-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ROBINSON, PETER G
STREET ADDRESS	3201 CARDINAL DR P-5
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	PDT
NAME	ROBINSON, JOSEPH D IV
STREET ADDRESS	150 OXFORD ROAD, SUITE 140
CITY-ST-ZIP	FERN PARK, FL 327300789
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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 APRIL, 2008 **407-831-2211**
Date Daytime Phone #