

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 473414

(1)

1. Corporation Name

LISBON BUILDERS, INC.



Principal Place of Business

Mailing Address

1436 PRIMROSE LANE  
WELLINGTON FL 33414

1436 PRIMROSE LANE  
WELLINGTON FL 33414

3. Date Incorporated or Qualified

04/02/1975

3a. Date of Last Report

03/09/1995

4. FEI Number

59-1609586

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANICETO, MARIO S  
147870 HORSESHOE TRACE  
ROYAL PALM BCH, FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1436 PRIMROSE LANE

83

84

WELLINGTON

FL

85

Zip Code

33414

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title (if applicable)

(NOTE: Registered Agent Signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PCD  
ANCIETO, MARIO S.  
STREET ADDRESS  
1436 PRIMROSE LANE  
CITY-ST-ZIP  
WELLINGTON FL

TITLE ☐ DELETE

NAME  
D  
ANCIETO, FRANCISCA B.  
STREET ADDRESS  
1436 PRIMROSE LANE  
CITY-ST-ZIP  
WELLINGTON FL

TITLE ☐ DELETE

NAME  
D  
ANICETO, MARIA B.  
STREET ADDRESS  
1436 PRIMROSE LANE  
CITY-ST-ZIP  
WELLINGTON FL

TITLE ☐ DELETE

NAME  
D  
STORY-ANCIETO, ALISE  
STREET ADDRESS  
1436 PRIMROSE LANE  
CITY-ST-ZIP  
WELLINGTON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE AND PHONE #

CR2E034 (12/95)