
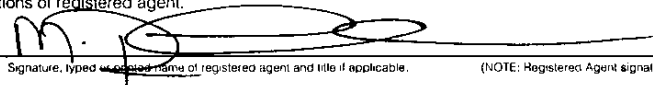
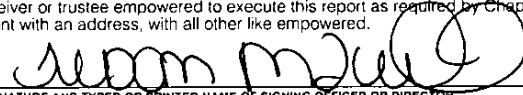


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H39423 1. Entity Name LUBBERS CONSTRUCTION INC.						FILED 07 SEP 12 AM 8:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4348 NE 5 AVENUE FT LAUDERDALE, FL 33334				Mailing Address 4348 NE 5 AVENUE FT LAUDERDALE, FL 33334			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 59-2509071			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent LUBBERS, MICHAEL R 4348 NE 5TH AVE FT LAUDERDALE, FL 33062				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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  9/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD NAME LUBBERS, MICHAEL R. <input type="checkbox"/> Delete STREET ADDRESS 2910 N.E. 23 CT. CITY-ST-ZIP POMPANO BEACH, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE STD NAME LUBBERS, SUSAN M <input type="checkbox"/> Delete STREET ADDRESS 2910 NE 23 CT CITY-ST-ZIP POMPANO BCH, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  9/10/07 9549425599 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

LUBBERS
CONSTRUCTION

To Fla. Dept of State

Please see attached
card which is the only
notice I received from
you - as it had a Sept
5th deadline on it. It
was the date I paid
attention to. I truly
hope you will accept my
\$150⁰⁰ payment.

Sincerely

Susan M Lubbers