

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J54702

Entity Name: LUMAR BUILDERS, INC.

FILED
Jul 06, 2004
Secretary of State

Current Principal Place of Business:

1855 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

1855 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 59-2770167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARNER, FOX, SEELEY, DUNGEY & SWEET
1100 S. FEDERAL HWY.
PO BOX 6
STUART, FL 349950006 US

Name and Address of New Registered Agent:

ANZIL, LISA L
1855 SE PORT ST LUCIE BLVD.
PORT ST LUCIE, FL 34952

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.

SIGNATURE: LISA ANZIL

07/06/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ANZIL, LISA
Address: 8356 CALUMET COURT
City-St-Zip: PT ST LUCIE, FL 34986

Title: P () Delete
Name: ANZIL, MARK
Address: 8356 CALUMET COURT
City-St-Zip: PT. ST. LUCIE, FL 34986

Title: V () Delete
Name: ANZIL, LOUIS
Address: 8356 CALUMET COURT
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S () Delete
Name: ANZIL, LISA
Address: 8356 CALUMET COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA ANZIL

MRS.

07/06/2004

Electronic Signature of Signing Officer or Director

Date