2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J54702

ANZIL, LISA

8356 CALUMET COURT

PORT SAINT LUCIE, FL 34986

Name:

Address:

City-St-Zip:

Entity Name: LUMAR BUILDERS, INC.

FILED Apr 24, 2008 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	IMET COURT LUCIE, FL 349				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 8 PORT ST.	881208 LUCIE, FL 349	988 US			
FEI Number:	59-2770167	FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agei	nt: Name and Address of	New Registered Agent:	
PORT ST L	JMET COURT LUCIE, FL 349	986 US	the purpose of changing its registered	office or registered agent, or both,	
in the State			pp		
SIGNATUR	RE:				
	Electron	ic Signature of Registere	d Agent	Date	
Election Carr	npaign Financing	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	V () ANZIL, LISA 8356 CALUMET PT ST LUCIE, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () ANZIL, MARK 8356 CALUMET PT. ST. LUCIE,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V (X) ANZIL, LOUIS 8356 CALUMET PORT ST. LUCI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S (X)	. Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LISA ANZIL V 04/24/2008