

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J54702

Entity Name: LUMAR BUILDERS, INC.

FILED
Nov 09, 2009
Secretary of State

Current Principal Place of Business:

8356 CALUMET COURT
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 881208
PORT ST. LUCIE, FL 34988 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:

ANZIL, LISA L
8356 CALUMET COURT
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP () Change (X) Addition
Name: ANZIL, LOUIS
Address: 17020 HAMMOCK LANE
City-St-Zip: PORT ST LUCIE, FL 34987

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.

SIGNATURE: LISA ANZIL

VP

11/09/2009

Electronic Signature of Signing Officer or Director

Date