


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # K24712<br>1. Entity Name<br>H.R. LUBBEN GROUP, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>3220 NE 14TH ST<br>POMPAO BCH, FL 33062 US | Mailing Address<br>500 E BROWARD BLVD STE 1950<br>ATTN: DAVID C HARDIN<br>FORT LAUDERDALE, FL 33394 |
|---|---|



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0058937

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>HARDIN, DAVID C<br>500 EAST BROWARD BLVD STE 1950<br>FORT LAUDERDALE, FL 33394 |
|---|

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>LUBBEN, DAVID R.<br>3220 NORTHEAST 14TH ST.<br>POMPAO BEACH, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPS<br>GAVIN, SUSAN<br>3220 NE 14TH STREET<br>POMPAO BCH, FL          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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04/08/05-80003-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-05

954-942-993

Date

Daytime Phone #

DAVID R. Lubben