

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K24712

1. Entity Name
H.R. LUBBEN GROUP, INC.



Principal Place of Business
3220 NE 14TH ST
POMPAÑO BCH, FL 33062 US

Mailing Address
500 E BROWARD BLVD STE 1950
ATTN: DAVID C HARDIN
FORT LAUDERDALE, FL 33394



03102006 No Chg-P CR2E034 (11/05)

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

HARDIN, DAVID C
500 EAST BROWARD BLVD STE 1950
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUBBEN, DAVID R. 3220 NORTHEAST 14TH ST. POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GAVIN, SUSAN 3220 NE 14TH STREET POMPAÑO BCH, FL
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05/08/06-80115-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-06

954-942-9939