

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # L06766 1. Entity Name LABARBERA CONSTRUCTION, INC.	
---	---

Principal Place of Business 1003 NORTH COMBEE ROAD LAKELAND, FL 33801	Mailing Address 1035 E. LAKE PARKER DR. #15 LAKELAND, FL 33801 US
---	---

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2966209	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LABARBERA, ROSA 1035 E. LAKE PARKER DR. #15 LAKELAND, FL 33801
--

**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, 2007 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	P LABARBERA, MICHAEL S 1035 E. LAKE PARKER DR., #15 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LABARBERA, ROSA 1035 E. LAKE PARKER DR. #15 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000675138
03/30/07-80006-016 150.00

**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: Rosa Labarbera **ROSA LABARBERA** **3-19-07** **863-665-9664**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #