
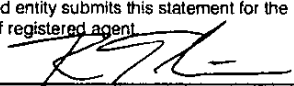



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90026 050 ***150.00

DOCUMENT # L16641 1. Entity Name TOBIASSEN BUILDERS INC.					
Principal Place of Business 1147 EAST HARTFORD STREET HERNANDO, FL 34442 US			Mailing Address PO BOX 1327 HERNANDO, FL 34442 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CRIDER, JOHN, ESQ. 521 W. FORT ISLAND TRAIL SUITE A CRYSTAL RIVER, FL 32623			7. Name and Address of New Registered Agent Name ROY B. TOBIASSEN Street Address (P.O. Box Number is Not Acceptable) 1452 N. MAN-O-WAR DRIVE City HERNANDO FL Zip Code 34442		
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: 		ROY B. TOBIASSEN <small>(NOTE: Registered Agent signature required when reinstating)</small>		1-27-06 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TOBIASSEN, ROY B. <input type="checkbox"/> Delete 1831 E HARTFORD ST INVERNESS, FL 34453		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1452 N. MAN-O-WAR DRIVE HERNANDO, FL 34442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TOBIASSEN, RAYMOND <input type="checkbox"/> Delete 1147 E. HARTFORD STREET HERNANDO, FL 34442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		ROY B. TOBIASSEN PRESIDENT		1-27-06 Date	
				352-726-2824 Daytime Phone #	