2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L16641

1. Entity Name

TOBIASSEN BUILDERS INC.



FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1147 EAST HARTFORD STREET HERNANDO, FL 34442 US PO BOX 1327

HERNANDO, FL 34442

US



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02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2965451

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOBIASSEN, ROY B 1452 N. MAN-O-WAR DR. HERNANDO, FL 34442

DO NOT WRITE IN THIS SPACE

| | | | IN THIS SPACE | | | |
|--|--|---|-------------------|--------------------------------|---|----|
| | named entity submits this statement for the piions of registered agent. | urpose of changing its registere | ed office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accep | pt |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title if | f epplicable (NOTE Registered | 1 Agent signature | required when reinstating) | DATE | |
| FIL After M | E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIRECTORS | | | | | _ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD TOBIASSEN, ROY B. 1452 N. MAN-O-WAR DR. HERNANDO, FL 34442 | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | VTD TOBIASSEN, RAYMOND 1147 E. HARTFORD STREET HERNANDO, FL 34442 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY - ST- ZIP | | | | IN. | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | | · | | |
| TITLE NAME STREET ADDRESS | | | | | | |

12. Thereby 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 officer like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

ROY B TOBIASSEN PRESIDENT

4/29/08

352-726-7087