

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90299 020 \*\*\*158.75

**DOCUMENT # P01000105492**

1. Entity Name  
**LUBOS SERVICES, INC.**



Principal Place of Business

P.O. BOX 3251  
HOLIDAY, FL 34690

Mailing Address

P.O. BOX 3251  
HOLIDAY, FL 34690

**50011607**

**CHANGE ZIP CODE**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
59-3752587

Applied For  
Not Applicable

Zip **34692** Country

Zip **34692** Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VITEK, LUBOS  
3053 CORONA DRIVE  
HOLIDAY, FL 34690

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME VITEK, LUBOS  
STREET ADDRESS 3053 CORONA DRIVE  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5615 DUNCAN DR.**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **S** ☐ Delete  
NAME VITEK, STANISLAV  
STREET ADDRESS 3053 CORONA DRIVE  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4313 NEWGATE AVE.**  
CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE **VD** ☐ Delete  
NAME GLASEROVA, IVANA  
STREET ADDRESS 3053 CORONA DR.  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4313 NEWGATE AVE.**  
CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**LUBOS VITEK**  
**PRES.**

**3/11/06**

Date

Daytime Phone #

**727-459-5502**