


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90063 024 ***150.00

DOCUMENT # P03000102442	
1. Entity Name SOBBA CONSTRUCTION INC.	

Principal Place of Business 12350 HANLEY DR. SPRING HILL FL 34608	Mailing Address 12350 HANLEY DR. SPRING HILL FL 34608
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. BOX 5468
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State SPRING HILL FL
Zip	Country 34611 USA

1st MOORE CR2E034 (10/06)

4. FEI Number 27-0068010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOBBA, VERNONE W 12350 HANLEY DR. SPRING HILL FL 34608	
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7. Name and Address of New Registered Agent	
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 (applicable)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P SOBBA, VERNONE W 12350 HANLEY DR. SPRING HILL FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Vernon W. Sobba</u>	VERNON SOBBA	2-5-07	352-666-5146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #