

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000115675

1. Entity Name
ORBE CONSTRUCTION, INC.



Principal Place of Business
3618 DOVETAIL LANE S
LAKELAND, FL 33813

Mailing Address
3618 DOVETAIL LANE S
LAKELAND, FL 33813

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07292008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1190181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ORBE, PEDRO EBEL
3618 DOVETAIL LANE S
LAKELAND, FL 33813

**DO NOT WRITE
IN THIS SPACE**

Please I've never received the

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. *notice, every year I only got the dissolution notice*

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 \$550.00
Due by September 12, 2008**

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	PSTD ORBE, PEDRO EBEL 3618 DOVETAIL LANE S LAKELAND, FL 33813
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08/04/08-80004-001 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Phone #

7-29-07/863)398-5099