

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000126117

1. Entity Name
L BUILDERS INC.



Principal Place of Business
**310 BANNING BEACH RD.
TAVARES, FL 32778**

Mailing Address
**310 BANNING BEACH RD.
TAVARES, FL 32778**



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2848118** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAMOUREUX, CHRISTOPHER
310 BANNING BEACH RD.
TAVARES, FL 32778**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)

**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

TITLE **D**
NAME **LAMOUREUX, CHRISTOPHER**
STREET ADDRESS **310 BANNING BEACH RD.**
CITY- ST- ZIP **TAVARES, FL 32778**

TITLE **D**
NAME **PLANT, JOYCE**
STREET ADDRESS **1123 LAKESHORE BLVD.**
CITY- ST- ZIP **TAVARES, FL 32778**

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**U00000529285
05/05/06-80072-004 150.00**

**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

Daytime Phone #