

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000154297	
1. Entity Name LLOYD BABB'S CONSTRUCTION, INC.	

Principal Place of Business 1450 E. MINNESOTA AVENUE ORANGE CITY FL 32763	Mailing Address 1450 E. MINNESOTA AVENUE ORANGE CITY FL 32763
---	---



2. Principal Place of Business - No P.O. Box # 1450 East Minnesota Ave	3. Mailing Address 1450 E Minnesota Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State Orange City Fla	City & State Orange City Fla
Zip 32763	Zip 32763
Country Volusia	Country Volusia

4. FEI Number 45-0531382	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BABB, LLOYD L 1450 E. MINNESOTA AVENUE ORANGE CITY FL 32763	
---	--

7. Name and Address of New Registered Agent	
Name Lloyd L Babb	
Street Address (P.O. Box Number is Not Acceptable) 1450 East Minnesota Ave	
City Orange City	FL Zip Code 32763

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, located, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of signifying agent with title, if applicable) (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution ☐ ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BABB, LLOYD L 1450 E. MINNESOTA AVENUE ORANGE CITY FL 32763 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

000000796783
01/23/08-80047-012 150.00

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: **LLOYD L BABB** (Lloyd L Babb) 1/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Loca Day and Phone #