




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90082 023 \*\*\*158.75

<b>DOCUMENT # P04000043507</b> 1. Entity Name <b>LABOR UNDERWRITERS, INC</b>					
Principal Place of Business <b>1425 BENT BOW COURT LUTZ, FL 33549</b>			Mailing Address <b>1425 BENT BOW COURT LUTZ, FL 33549</b>		
2. Principal Place of Business <b>264 CRYSTAL GROVE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>264 CRYSTAL GROVE BLVD</b> Suite, Apt. #, etc.			
City & State <b>LUTZ, FL</b>		City & State <b>LUTZ, FL</b>		4. FEI Number <b>56-2495952</b>	
Zip <b>33548</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		08112005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent  <b>FLETCHER, JOANNE OWNER 1425 BENT BOW COURT LUTZ, FL 33549</b>			7. Name and Address of New Registered Agent Name <b>ROY J. SCHLEMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>17743 GLENAPP DR.</b> City <b>LAND O' LAKES</b> <b>FL</b> Zip Code <b>34638</b>		
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  <b>ROY J SCHLEMAN, CFO</b> <b>8-11-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE P NAME FLETCHER, JOANNE OWNER STREET ADDRESS 1425 BENT BOW COURT CITY-ST-ZIP LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete		TITLE CHIEF FINANCIAL OFFICER NAME ROY J. SCHLEMAN (CFO) STREET ADDRESS 17743 GLENAPP DR. CITY-ST-ZIP LAND O' LAKES, FL 34638	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE CHIEF OPERATIONAL OFFICER NAME ROBERT V. LICCIARDELLO (COO) STREET ADDRESS 21319 HOPSON RD. CITY-ST-ZIP LAND O' LAKES, FL 34638	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE CHIEF EXECUTIVE OFFICER NAME KEVIN LICCIARDELLO (CEO) STREET ADDRESS 18713 LIVINGSTON AVE. CITY-ST-ZIP LUTZ, FL 33559	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>ROY J. SCHLEMAN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8-11-05</b> <small>Date</small>		<b>813-948-7772</b> <small>Daytime Phone #</small>