2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000162519

1. Entity Name

TUBAR CONSTRUCTION, INC.



FILED Jan 10, 2008 08:00 All Secretary of State

Principal Place of Business

Mailing Address

20701 QUINELLA ST. ORLANDO, FL 32833 20701 QUINELLA ST. ORLANDO, FL. 32833



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4 FEL Number Applied For

4. FEI Number 20-1950805

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUDERBACK, LANE 20701 QUINELLA ST. ORLANDO, FL 32833

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	surpose of changing its registered off	ice or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typod or printed name of registered agent and title	I applicable. (NOTE: Registered Agent	l signature	required when reinstating)	DATE	
FiL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUDERBACK, LANE 20701 QUINELLA ST. ORLANDO, FL 32833					
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VP LAUDERBACK, HARRIET 20701 QUINELLA ST. ORLANDO, FL 32833				01/10/0 0-80048-0 04 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAUDERBACK, HARRIET 20701 QUINELLA ST. ORLANDO, FL 32833			DO	NOT WRITE	
TITLE				181	TIUC CDAOF	

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08 407-568-5468

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