

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90058 012 ***150.00

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1. Entity Name

BLUEBIRD HOME BUILDERS, INC.



Principal Place of Business

532 EMBRACER STREET NW
LAKE PLACID, FL 33852 US

Mailing Address

532 EMBRACER STREET NW
LAKE PLACID, FL 33852 US

9006000



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2460742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEIBER, MICHAEL L ATTY
2141 NE LAKEVIEW DRIVE
SEBRING, FL 33870

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SIMPSON, RICHARD
STREET ADDRESS 532 EMBRACER STREET NW
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE VPD
NAME ASFAR, ALEX
STREET ADDRESS 532 EMBRACER STREET NW
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE SD
NAME ASFAR, HARB
STREET ADDRESS 532 EMBRACER STREET NW
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE TD
NAME ASFAR, NORMA
STREET ADDRESS 532 EMBRACER STREET NW
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #