2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2006 8:00 am Secretary of State **DOCUMENT # P05000057118** 1. Entity Name 05-02-2006 90193 044 ***158.75 LBR PAINTING, INC. Principal Place of Business Mailing Address 3141 GLACIER AVENUE 3141 GLACIER AVENUE AVON PARK, FL 33825 AVON PARK, FL 33825 US 2. Principal Place of Business 3. Mailing Address 3601 Ellinaton Ave 3601 Ellington Ave Suite, Apt. #, etc. Suite, Apt. #. etc. 04282006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number Florida seorina Sebrino 20-2711404 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired United States 33870 Fee Required <u>united State</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name rystal Ebey BACK, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3141 GLACIER AVENUE AVON PARK, FL 33825 Sebrina 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 Eper Signature, typed or priviled name of registered ageq and title if applicable. 4198100 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Crystal Ebey P TITLE ☐ Delete SIT TITLE Change NALE RIVERA, LUIS NAME 3601 Ellington Ave 3141 GLACIER AVENUE STREET ADORESS STREET ADORESS AVON PARK, FL 33825 CITY-ST-ZIP CITY-ST-ZIP ebring, FL 33870 VP TILE Delete TITLE Change ■ Addition Luis Rivera NAME BACK, ROBERT NAME 3601 Ellington Ave STREET ADDRESS 3141 GLACIER AVENUE STREET ADORESS (21Y-ST-7/P AVON PARK, FL 33825 CITY-ST-ZIP TTLE TITLE Delete □ Change Addition MALE RIVERA, BRIAN NAME STREET ADDRESS 3141 GLACIER AVENUE STREET ADORESS CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

INTED NAME OF SIGN

FILED