2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State
03-15-2007 90028 047 ***150.00

DOCUMENT # P05000146006

1. Entity Name
AL TURBEN'S CONSTRUCTION, INC.

66007165

Principal Place of Business	Mailing Address
~~6140 SE 119TH PLACE UNIT 2 BELLEVIEW FL 34420~~	~~6140 SE 119TH PLACE UNIT 2 BELLEVIEW FL 34420~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12466 SE 60th Ter	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleview FL	City & State
Zip: 34420 Country: Marion	Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number 43-2095168 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~TURBEN, ALLEN G 6140 SE 119TH PLACE UNIT 2 BELLEVIEW FL 34420~~	Name: Turben Allen G.
	Street Address (P.O. Box Number is Not Acceptable): 12466 SE 60th Terrace
	City: Belleview FL Zip Code: 34420

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] 3-7-07
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, T TURBEN, ALLEN G 6140 SE 119TH PLACE UNIT 2 BELLEVIEW FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.T Turben Allen G. 12466 SE 60th Ter Belleview FL. 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 3-7-07 352-302-8160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #