

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134930

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** LUBBERS ENTERPRISES, INC.

**Current Principal Place of Business:**

150 OCEAN LANE DRIVE  
APARTMENT 3E  
KEY BISCAYNE, FL 33149 US

**New Principal Place of Business:**

200 OCEAN LANE DRIVE  
APARTMENT 1108  
KEY BISCAYNE, FL 33149 US

**Current Mailing Address:**

150 OCEAN LANE DRIVE  
APARTMENT 3E  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

200 OCEAN LANE DRIVE  
APARTMENT 1108  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 26-1630196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUBBERS, KATHY G  
150 OCEAN LANE DRIVE  
APARTMENT 3E  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

LUBBERS, KATHY G  
200 OCEAN LANE DRIVE  
1108  
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/16/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: LUBBERS, PAUL A  
Address: 200 OCEAN LANE DRIVE, APT 1108  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VPT  
Name: LUBBERS, KATHY G  
Address: 200 OCEAN LANE DRIVE, APT 1108  
City-St-Zip: KEY BISCAYNE, FL 33149 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL LUBBERS

Electronic Signature of Signing Officer or Director

PS

03/16/2011

Date