


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90083 041 ***150.00

DOCUMENT # P93000001250	
1. Entity Name SABELLA BUILDERS CORPORATION	

Principal Place of Business 1336-1 CAPE CAROL PKWY E CAPE CORAL FL 33904 US	Mailing Address P.O. BOX 101297 CAPE CORAL FL 33910-1297
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2. Principal Place of Business - No P.O. Box # 110 E. WASHINGTON AVENUE	3. Mailing Address P.O. Box 2537
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)


City & State LABELLE, FL	City & State LABELLE FL
Zip 33935	Country USA
Zip 33975-2537	Country USA

4. FEI Number 65-0380138	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SABELLA, JAMES 20020 MARSHALL FIELD ROAD SOUTH WEST LABELLE FL 33935	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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  (President) **JAMES SABELLA PRESIDENT** **2/16/07**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST SABELLA, JAMES 20020 MARSHALL FIELD ROAD SOUTH WEST LABELLE FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  (President) **JAMES SABELLA PRESIDENT** **2/16/07** **(863) 674-0505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #