2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000023791



Jan 11, 2008 8:00 am Secretary of State 01-11-2008 90034 021 ***150.00

FILED

1. Entity Nam J. TRUBE		CONSTRUCTION	N, INC.								
36432 GRASSY HILL LANE			Mailing Address 36432 GRASSY HILL EUSTIS, FL 32726	36432 GRASSY HILL LANE						1111 (4810 (818) 1111	1188: 1: 188:
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address	3. Mailing Address							
Suite, Apt. #. etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01042008	Chg-P	CR2E0	34 (12/06)	
City & State			City & State	City & State			4. FEI Number 59-7123				pplied For of Applicable
Zip	Country		Zip				5. Certificate of	of Status Desired	_ 🗆 _	\$8.75 Add Fee Require	litional d
6. Name and Address of Current Regis			t Registered Agent				7. Name and Address of New Registered Agent				
	ASSY HILL			Name Street Address (P.O. Box Number	is Not Acceptab	ole)		
EUSTIS, FL 32726											
		-		City				•	FL	Zip Cod	ê
8. The above the obligat	named entity lions of registe	submits this statement ared agent.	for the purpose of changing i	ts registere	ed office or	register	ed agent, or both	i, in the State of F	Florida. Lam	familiar with,	and accept
SIGNATURE	Signature, typed o	or printed name of registered age	nt und litte il applicable. (NO	OTE: Registerer	r Agent signatur	re required	when reinstating)		DATE		
		FEE IS \$150.00 I Fee will be \$550	9. Election Camp Trust Fund Co	-	ncing		00 May Be ed to Fees				
10.		OFFICERS AN	D DIRECTORS	11.			ADDITIONS/C	CHANGES TO OF	FICERS AND	DIRECTORS	5 IN 11
TITLE	P		☐ Delete	TITLE						☐ Change	Addition
NAME	TRUBENBACH, JOHN			NAME							
STREET ADDRESS CITY-ST-ZIP	36432 GRASSY HILL LN EUSTIS, FL 32736				ET ADDRESS - ST-ZIP					_	
TITLE	VP		□ Delete	TITLE		VP				Change	☐ Addition
NAME	RUTHERFOR, JOHN K			NAM		ŘÚTI	IERFORD,	JOHN K.		_ ′	_
STREET ADDRESS		TER ROAD		STREE			- 1				
CITY-ST-ZIP	ASTOR, F	L 32102		CITY-	-ST-ZIP	4MY	TILLA FL	. 32784			
TITLE NAME	TOUDEND	SACH, MICHELLE	☐ Delete	TITLE						☐ Change	Addition
STREET ADDRESS		MUD. MIUDELLE		NAME	· I						
CITY-ST-ZIP	1			ČTRE							
	1	ASSY HILL LANE			ET AUDRESS - ST-ZIP						
TITLE	36432 GR	ASSY HILL LANE	□ Delete	CITY-	ET AUDRESS -ST-ZIP					Change	Addition
TITLE NAME	36432 GR. EUSTIS, F	ASSY HILL LANE L 32736	☐ Delete		ET AUDRESS -ST-ZIP					☐ Change	Addition
NAME STREET ADDRESS	36432 GR. EUSTIS, F VPO ELLER, RO 401 N HAV	ASSY HILL LANE EL 32736 ONALD C MLEY ST	☐ Delete	CITY- TITLE NAME STREE	ET AUDRESS -ST-ZIP E E ET AODRESS					☐ Change	Addition
NAME	36432 GR. EUSTIS, F VPO ELLER, RO	ASSY HILL LANE EL 32736 ONALD C MLEY ST		CITY- TITLE NAME STREE	ET AUDRESS -ST-ZIP :					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	36432 GR. EUSTIS, F VPO ELLER, RO 401 N HAV	ASSY HILL LANE EL 32736 ONALD C MLEY ST	☐ Delete	CITY- TITLE NAME STREI CITY-	ET AUDRESS -ST-ZIP E E ET AUDRESS -ST-ZIP					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	36432 GR. EUSTIS, F VPO ELLER, RO 401 N HAV	ASSY HILL LANE EL 32736 ONALD C MLEY ST		CHY- HILE NAME STREE CHY- HILE NAME	ET AUDRESS -ST-ZIP E ET AUDRESS -ST-ZIP E E						
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	36432 GR. EUSTIS, F VPO ELLER, RO 401 N HAV	ASSY HILL LANE EL 32736 ONALD C MLEY ST	☐ Delete	CHY- HILE NAME STREE CHY- HILE NAME CHY- CHY- CHY- CHY-	ET AODRESS ST-ZIP E E ET AODRESS -ST-ZIP E E E E T T T T T T T T T						☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	36432 GR. EUSTIS, F VPO ELLER, RO 401 N HAV	ASSY HILL LANE EL 32736 ONALD C MLEY ST		CITY- IITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP					☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	36432 GR. EUSTIS, F VPO ELLER, RO 401 N HAV	ASSY HILL LANE EL 32736 ONALD C MLEY ST	☐ Delete	CITY- IIILE NAME STREE CITY- TITLE NAME STREE NAME STREE NAME STREE	ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP					☐ Change	☐ Addition

I hereby certify that the information supplied with this filling 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:

SUMMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytrne Phone #