

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000095813

1. Entity Name
L & A DUBOIS, INC.



Principal Place of Business
**1711 3TH ST. SOUTH E.
RUSKIN, FL 33570**

Mailing Address
**1711 3TH ST. SOUTH E.
RUSKIN, FL 33570**



07192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3541255

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUBOIS, LEON
1711 3RD STREET SE
RUSKIN, FL 33570**

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-19-06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUBOIS, LEON
STREET ADDRESS	1711 3TH ST. SOUTH E.
CITY-STATE-ZIP	RUSKIN, FL 33570
TITLE	ST
NAME	DUBOIS, ADELA V
STREET ADDRESS	1711 3TH ST. SOUTH E.
CITY-STATE-ZIP	RUSKIN, FL 33570
TITLE	VP
NAME	DUBOIS, LEON A
STREET ADDRESS	609 EPHRAHIM DR
CITY-STATE-ZIP	BRANDON, FL 33511
TITLE	VP
NAME	DUBOIS LYON, MONICA S
STREET ADDRESS	12012 FRUITWOOD DR
CITY-STATE-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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07/25/06-80012-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-19-06