

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V37059

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: LUBER PRODUCTS, INC.

## Current Principal Place of Business:

17005 DOLPHIN DRIVE  
N. REDDINGTON BEACH, FL 33708 US

## New Principal Place of Business:

## Current Mailing Address:

17005 DOLPHIN DRIVE  
N. REDDINGTON BEACH, FL 33708 US

## New Mailing Address:

FEI Number: 59-3126783      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SBAR, MARIAN H  
220 S FRANKLIN ST  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

LUBER, JAMIE C  
17005 DOLPHIN DR  
NORTH REDINGTON BEACH, FL 33708 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: JAMIE C LUBER

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LUBER, JAMIE  
Address: 17005 DOLPHIN DR  
City-St-Zip: N. REDDINGTON BEACH, FL 33708

Title: VD ( ) Delete  
Name: LUBER, GEORGE H.,  
Address: 17005 DOLPHIN DR  
City-St-Zip: N. REDDINGTON BEACH, FL 33708

Title: TD ( ) Delete  
Name: WARD, MAUREEN  
Address: 17005 DOLPHIN DR  
City-St-Zip: N. REDDINGTON BEACH, FL 33708

Title: SD ( ) Delete  
Name: SZCZESNY, ROBERT  
Address: 17005 DOLPHIN DR  
City-St-Zip: N. REDDINGTON BEACH, FL 33708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMIE C LUBER

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date