


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06766</b> 1. Entity Name <b>LABARBERA CONSTRUCTION, INC.</b>			
Principal Place of Business <b>1003 NORTH COMBEE ROAD LAKELAND FL 33801</b>		Mailing Address <b>1035 E. LAKE PARKER DR. #15 LAKELAND FL 33801 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>LABARBERA, ROSA 1035 E. LAKE PARKER DR. #15 LAKELAND FL 33801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LABARBERA, MICHAEL S 1035 E. LAKE PARKER DR., #15 LAKELAND FL 33801	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> <div style="text-align: center;"> <b>U00000079471</b>  <b>03/08/04-80067-015 150.00</b> </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS LABARBERA, ROSA 1035 E. LAKE PARKER DR. #15 LAKELAND FL 33801	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>
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MOORE CR2E034 (11/03)

4. FEI Number **59-2966209** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Rosa LaBarbera* **ROSA LABARBERA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-4-04 863-665-9664*  
Date Daytime Phone #