

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083251

FILED
Mar 20, 2008
Secretary of State

Entity Name: L A BUILDERS OF NORTH FL, INC.

Current Principal Place of Business:

37074 COSMO TRAIL
HILLIARD, FL 32046

New Principal Place of Business:

37074 COSMO TRAIL
HILLIARD, FL 32046 US

Current Mailing Address:

37074 COSMO TRAIL
HILLIARD, FL 32046

New Mailing Address:

37074 COSMO TRAIL
HILLIARD, FL 32046 US

FEI Number: 26-0571711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUYCX, ARNOLD T
13903 CAPTAIN HOOK DR. N.
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: LUYCX, ARNOLD T
Address: 13903 CAPTAIN HOOK DR N
City-St-Zip: JACKSONVILLE, FL 32224

Title: DVS () Delete
Name: AMMONS, MIKA F
Address: 37074 COSMO TRAIL
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ARNOLD LUYCX

P

03/20/2008

Electronic Signature of Signing Officer or Director

_____ Date