

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # K54925

1. Entity Name
 LMR 396 CORP.



Principal Place of Business
 4226-3 FOWLER ST.
 P.O. BOX 339
 FT. MYERS, FL 33902-0339 US

Mailing Address
 4226-3 FOWLER ST
 FORT MYERS, FL 33901 US



DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0092904 Applied For
 (Not Applicable)

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

6. Name and Address of Current Registered Agent

LABODA, GERALD
 4226-3 FOWLER ST
 FT. MYERS, FL 33901

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD
 NAME LABODA, BRUCE
 STREET ADDRESS 2844 VALENCIA WAY
 CITY-ST-ZIP FT MYERS, FL

TITLE VD
 NAME LABODA, GERALD
 STREET ADDRESS 2844 VALENCIA WAY
 CITY-ST-ZIP FT. MYERS, FL

TITLE PD
 NAME ROSS, MATT
 STREET ADDRESS 4226 3 FOWLER ST.
 CITY-ST-ZIP FT. MYERS, FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 04/29/05-80067-006 150.00

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Laboda

4/25/05

2399363394

Date

Daytime Phone #