

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000042636

Entity Name: L.S. CURB SERVICE, INC.

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

4206 JAMES L REDMAN PARKWAY  
PLANT CITY, FL 33567

## **New Principal Place of Business:**

4206 JAMES L REDMAN PARKWAY  
PLANT CITY, FL 33567 US

## **Current Mailing Address:**

4206 JAMES L REDMAN PARKWAY  
PLANT CITY, FL 33567

## **New Mailing Address:**

FEI Number: 59-3252745      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SHAKES, LEAFORD  
4206 JAMES L REDMAN PARKWAY  
PLANT CITY, FL 33567 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

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: SHAKES, LEAFORD  
Address: 4206 JAMES L REDMAN PARKWAY  
City-St-Zip: PLANT CITY, FL 33567

Title: V  
Name: SHAKES, YVONNE  
Address: 4206 JAMES L REDMAN PARKWAY  
City-St-Zip: PLANT CITY, FL 33567

I hereby 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 all other like empowered.

SIGNATURE: LEAFORD SHAKES

D

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date