


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P95000052914</b> 1. Entity Name LBCO PROPERTIES, INC.	
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Principal Place of Business 5603 CHUMUCKLA HWY PACE, FL 32571 US	Mailing Address P O BOX 3622 MILTON, FL 32572 US
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04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3329051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MARCUS, HAROLD E JR. 5603 CHUMUCKLA HWY PACE, FL 32571
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**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	S POLLAK, SR, LEWIS BEAR 6730 N EPPING FOREST WAY #107 JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCUS, JR, HAROLD E 5603 CHUMUCKLA HWY PACE, FL 32571
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U00000342591  
04/29/05-80062-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05  
Date

850/623-1202  
Daytime Phone #