


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000075958
1. Entity Name
LBP WAREHOUSE MANAGEMENT, INC.



Principal Place of Business: 6730 EPPING FOREST WAY N, STE 107, JACKSONVILLE, FL 32217 US
Mailing Address: 6730 EPPING FOREST WAY N, STE 107, JACKSONVILLE, FL 32217 US

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3339838 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POLLAK, LEWIS B
6730 EPPING FOREST WAY N
SUITE 107
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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: _____ (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

UN0000226106
02/12/05-80002-013 50.00

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: POLLAK, LEWIS B
STREET ADDRESS: 6730 EPPING FOREST WAY N, STE 107
CITY-ST-ZIP: JACKSONVILLE, FL 32217

UN0000226106
02/12/05-80002-014 50.00

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

UN0000226106
02/12/05-80002-015 50.00

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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: Lewis B. Pollak Date: 2/10/05