## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P95000075958**

1. Entity Name

LBP WAREHOUSE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

6730 EPPING FORETST WAY N

6730 EPPING FOREST WAY N

STE 107

TITLE
NAME
STREET ADDRESS
CETY-ST-ZIP

JACKSONVILLE, FL 32217 US

STE 107
JACKSONVILLE, FL 32217 US



**FILED** 

Feb 17, 2006 08:00 AM Secretary of State

01212006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3339838

Applied Not Am:

5. Certificate of Status Desired

\$8.75 Addition: Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POLLAK, LEWIS B 8730 EPPING FOREST WAY N SUITE 107 JACKSONVILLE, FL 32217

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	surpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and	
SIGNATURE.						
	Signature, typed or printed name of registered agent and title t	Teppficable. (NOTE: Registered	i Agent signatur	re required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution,  Added to Fees		   1100000437792   <u>28706-80061-013</u> <b>75</b> ,00		
10	OFFICERS AND DIRECTORS					
THE NAME STREET ADDRESS CITY-ST-ZIP	D POLLAK, LEWIS B 6730 EPPING FOREST WAY N, STE JACKSONVILLE, FL 32217	107		02	UNON60437792 /28/06-80061-014 75.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREE) ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
HITLE NAME STITEET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-DP						

<sup>12.</sup> I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information of this report or supplemental report is true and accurate and that my signature shall have the same legal effect as II made under oath; that I am an officer or die 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 Glor changed, or on an attachment with an address, with all other like empowered.