


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 365893 1. Entity Name E & F ENTERPRISES OF L-B-S, INC.	
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Principal Place of Business 4317 OCEAN DRIVE LAUDERDALE BY THE SEA, FL 33308	Mailing Address 4334 E. TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308 US
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04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1352007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MYATT, FRANK 4317 OCEAN DR LAUDERDALE BY THE SEA, FL 33308

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MYATT, FRANK 4317 N. OCEAN DRIVE LAUDERDALE BY SE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SORENSEN, EVERETT 4317 N. OCEAN DRIVE LAUDERDALE BY SE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SORENSEN, EVERETT 4317 N. OCEAN DR. LAUDERDALE BY SE, 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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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: <u>EVERETT SORENSEN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4-6-05</u>	Daytime Phone #: <u>954-496-5289</u>
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