

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 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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03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1352007

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

**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 _____

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PO 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/06-00022-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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

EVERETT SORENSEN 3/28/06 954-491-528

Date

Daytime Phone