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Secretary of State

04-07-2004 90034 049 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

54027302



02242004 No Chg-P CR2E034 (10/03)

DOCUMENT # 366097

1. Entity Name
LBFH, INC.



Principal Place of Business
**3550 S.W. CORPORATE PARKWAY
 PALM CITY, FL 34990**

Mailing Address
**3550 S.W. CORPORATE PARKWAY
 PALM CITY, FL 34990**

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1305943 | 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

**LINDAHL, LENNART E.
 3550 SW CORPORATE PKWY
 PALM CITY, FL 34990**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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 | SVD ECKLER, SCOTT 3550 SW CORPORATE PKWY PALM CITY, FL 34990 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD LINDAHL, LENNART E 3550 SW CORPORATE PKWY PALM CITY, FL 34990 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MEIERS, GORDON 1400 COLONIAL BLVD. SUITE 31 FORT MYERS, FL 33907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HERMESMEYER, MICHAEL T. 3550 SW CORPORATE PKWY PALM CITY, FL 34990 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TVD VOKOUN, T C 3550 SW CORPORATE PKWY PALM CITY, FL 34990 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CLARK, D 2029 PALM BEACH LAKES BLVD, SUITE 600 WEST PALM BEACH, FL 33409 |

**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)(i), 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: Thomas C. Vokoun Thomas C. Vokoun 3-18-2004 772-286-3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #