



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90034 049 ***150.00

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

54027302



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1305943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

(NOTE: Registered Agent signature required when renewing)

DATE

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	SVD
NAME	ECKLER, SCOTT
STREET ADDRESS	3550 SW CORPORATE PKWY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	CD
NAME	LINDAHL, LENNART E
STREET ADDRESS	3550 SW CORPORATE PKWY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	DV
NAME	MEIERS, GORDON
STREET ADDRESS	1400 COLONIAL BLVD. SUITE 31
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	PD
NAME	HERMESMEYER, MICHAEL T.
STREET ADDRESS	3550 SW CORPORATE PKWY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	PD TVD
NAME	VOKOUN, T C
STREET ADDRESS	3550 SW CORPORATE PKWY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	DV
NAME	CLARK, D
STREET ADDRESS	2029 PALM BEACH LAKES BLVD. SUITE 600
CITY-ST-ZIP	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 #