2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 366097

1. Entity Name
LBFH, INC.

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

03272006 No Chg-P CR2E034 (11/05)

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

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

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	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	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

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04/25/06-80113-022 158.75

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas C Vokoun 2-21-2006 772-286-3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #