

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90049 001 ***300.00

DOCUMENT # 597446

1. Entity Name
LHP SPORTS, INC.



Principal Place of Business
1821 N.E. 25 STREET
LIGHTHOUSE POINT, FL 33064

Mailing Address
1821 N.E. 25 STREET
LIGHTHOUSE POINT, FL 33064



01052004 No Chg-P .CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1870616

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEDALIE, DONALD B
1401 E. BROWARD BLVD, STE 206
FT. LAUDERDALE, FL 33301

**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 reinstating)

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	STD
NAME	YOUNG, BRUCE P
STREET ADDRESS	1821 N.W. 25TH STREET
CITY - ST - ZIP	LIGHTHOUSE PT, FL 33064
TITLE	D
NAME	MCKAY, WILLIAM R
STREET ADDRESS	1821 N.E. 25 STREET
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	D
NAME	KLEINHENZ, DOMINIC J
STREET ADDRESS	1821 N.E. 25 STREET
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	PD
NAME	GOBERVILLE, THOMAS
STREET ADDRESS	1821 N.E. 25 STREET
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

FILED JAN 23 2004

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #