


07-06-2005 90034006 ***150.00
F02000000277

2005 FOR PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # F02000000277 1. Entity Name LSM OF NORTH CAROLINA, INC.	
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Principal Place of Business 2225 KINGS RD SHELBY, NC 28150	Mailing Address 2225 KINGS RD SHELBY, NC 28150
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DO NOT WRITE IN THIS SPACE

08292005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1609194	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent HOWARD, HAROLD 288 ASHLEY STREET GROVELAND, FL 34736

**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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST HOWARD, HAROLD 288 ASHLEY STREET GROVELAND, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V RAMIREZ, AMBER 157 ASHLEY STREET GROVELAND, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**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: Harold Howard 6-30-05 (352) 429-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone