


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # F03000904161</b> |  |
| 1. Entity Name<br>LFSF, INC.   |   |

FILED  
04 JUN 10 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>2929 BRIARPARK DRIVE<br>SUITE 125<br>HOUSTON, TX 77042 | Mailing Address<br>2929 BRIARPARK DRIVE<br>SUITE 125<br>HOUSTON, TX 77042 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip   | Country                                   |

06092004 Chg-P CR2E034 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-0110997 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CP<br>CRABTREE, CLIFTON A<br>10497 TOWN & COUNTRY WAY #810<br>HOUSTON, TX 77024 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CP<br>Crabtree, Clifton A.<br>2929 Briarpark, #125<br>Houston, Texas 77042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>HAMES, RONALD E<br>10497 TOWN & COUNTRY WAY #810<br>HOUSTON, TX 77024 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>Hames, Ronald E.<br>2929 Briarpark, #125<br>Houston, Texas 77042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>Choyke, Amy B.<br>2929 Briarpark #125<br>Houston, Texas 77042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 100038354481<br>06/28/04--01059--020 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>**150.00                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: Clifton A. Crabtree 6/9/04 832-613-9301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #