


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-07-2005 90008 017 ***150.00

DOCUMENT # F04000003427			
1. Entity Name LHS PROFESSIONAL TRAINING & DEVELOPMENT, INC.			
Principal Place of Business 2674 S.E. STONEBRIAR WAY STUART, FL 34997		Mailing Address 353 NETTLES BLVD JENSEN BEACH, FL 34957	
2. Principal Place of Business		3. Mailing Address 2674 SE Stonebriar Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Stuart, FL	
Zip	Country	Zip 34997	Country Martin
4. FEI Number 58-2213454		Applied For <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 SANDERS, JOHN 353 NETTLES BLVD JENSEN BEACH, FL 34957		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 2674 SE Stonebriar Way City Stuart FL Zip Code 34997	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANDERS, LINDA 353 NETTLES BLVD JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2674 SE Stonebriar Way Stuart, FL 34997
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: John Sanders		7-5-05 678-516-2830	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

66025175



08302005 Chg-P CR2E034 (10/03)

ATTACHMENT

66025175

July 25, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Subject: Annual Report for LHS Professional Training and Development, Inc.
Reference Number: F04000003427

Attention: Reinstatement Division - Jessica

Confirming our phone conversation of today, I did not receive notification of the requirement of filing an annual report prior to the deadline for filing this report.

I am requesting that the \$400.00 late fee be waived for the year 2005 due to my not being notified. The report was filed on July 7 and the \$150.00 fee paid.

Thank you for your assistance in this matter.



John Sanders
Secretary - LHS Professional Training and Development
678-516-2830