2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000001627

1. Entity Name
LCS/PORT CHARLOTTE, INC.

Principal Place of Business
400 LOCUST STREET
STE 820
DES MOINES, IA 50309-2334

Mailing Address
400 LOCUST STREET
STE 820
DES MOINES, IA 50309-2334

04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1883761 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
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, 2005 Fee will be $550.00

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

U000000325E59
04/23/05 80025-001 1400.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	THURSTON, STAN G
STREET ADDRESS	400 LOCUST STREET, STE 820
CITY-ST-ZIP	DES MOINES, IA 503092334
TITLE	S
NAME	KENNY, EDWARD R
STREET ADDRESS	400 LOCUST STREET, STE 820
CITY-ST-ZIP	DES MOINES, IA 503092334
TITLE	DV
NAME	HARRISON, MARY J
STREET ADDRESS	800 NW 17 AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VT
NAME	NEIS, ARTHUR V
STREET ADDRESS	400 LOCUST STREET, STE 820
CITY-ST-ZIP	DES MOINES, IA 503092334
TITLE	D
NAME	NELSON, JOEL D
STREET ADDRESS	400 LOCUST STREET, STE 820
CITY-ST-ZIP	DES MOINES, IA 503092334
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: Rebecca S Stall Rebecca S Stall, Assistant Secretary 4-19-05 (515) 875-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #