

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # G36468

1. Entity Name  
L. F. BAR, INC.



Principal Place of Business  
P O BOX 148  
CHRISTMAS, FL 32709

Mailing Address  
P O BOX 148  
CHRISTMAS, FL 32709

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2285852

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FLECKINGER, L L SR.  
5087 JUNEDALE DR  
COCOA, FL 32926

**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**

U00000146982  
05/03/04-80087-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLECKINGER, L L SR.
STREET ADDRESS	5087 JUNEDALE DR
CITY-ST-ZIP	COCOA, FL 32926
TITLE	S
NAME	FLECKINGER, FRAN
STREET ADDRESS	5087 JUNEDALE DR
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*L. F. Bar, Inc.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

321-633-562

Date

Daytime Phone #