## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# G59842

FILED Jul 29, 2008 Secretary of State

Entity Name: L. F. ADVERTISING & SUPPLY COMPANY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1848 ARAGON AVENUE SUITE A LAKE WORTH, FL 33461 **New Mailing Address: Current Mailing Address:** 1848 ARAGON AVENUE SUITE A LAKE WORTH, FL 33461 FEI Number: 59-2328093 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BRASMAR, WILLIAM C WARD, THOMAS 1313 NORTH O STREET 1617 N. FEDERAL HWY US LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 US 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. SIGNATURE: THOMAS WARD 07/29/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition BURNETT, NEWTON C., Name: Name: 193 FLORENCE DRIVE Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: DIR Title: ( ) Delete () Change () Addition Name: VONDRAK, MIN. Name: 2580 SOUTH OCEAN BLVD, 1B6 Address: Address: PALM BEACH, FL 33480 City-St-Zip: City-St-Zip: Title: Title: PRFS ( ) Delete PRFS (X) Change ( ) Addition BRASMAR, WILLIAM C BURNETT, JEFF Name: Name: 1313 NORTH O STREET 11426 N. JOG RD Address: Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: VΡ (X) Delete Title: () Change () Addition MCCARTY, DOUG Name: Name: 1848 ARAGON AVE, SUITE A Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: Title: **TRES** Title: () Delete **TRES** (X) Change ( ) Addition Name: POLK, LLOYD Name: WARD, THOMAS 1848 ARAGON AVENUE, SUITE A Address: 1617 N. FEDERAL HWY Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WARD **TRES** 07/29/2008