


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only  
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**DOCUMENT #** H31447

1. Entity Name  
LPS properties INC.



**FILED**  
11 MAY 16 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #  
3182 Shingle Creek Ct.

3. Mailing Address  
3182 Shingle Creek Ct.

Suite, Apt. #, etc.  
Kissimmee

City & State  
Florida

Country  
OSCEOLA

Zip  
34746

4. FEI Number  
592485889

Applied For  
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name  
Joseph Steiger

Street Address (P.O. Box Number is Not Acceptable)  
3182 Shingle Creek Ct.

City  
Kissimmee Fl.

FL Zip Code  
34746

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 re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1, May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State.

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

E-mail Address:  
Steigjoe @ AOL.com  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Joseph Steiger</u> <u>3182 Shingle Creek Court</u> <u>Kissimmee Florida, 34746</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>AS/16</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

SIGNATURE: Joseph Steiger Joseph Steiger P. 5-1-11 407486-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #