2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# J21297

Entity Name: LBS CAPITAL MANAGEMENT, INC.

Current Principal Place of Business:

311 PARK PLACE BLVD
STE 330
CLEARWATER, FL 33759 US

New Principal Place of Business:

Current Mailing Address:

311 PARK PLACE BLVD
STE 330
CLEARWATER, FL 33759 US

New Mailing Address:

FEI Number: 59-2685709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOICK, WALTER J.
1111 BAYSHORE BLVD
A-15
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: LOICK, WALTER J.,
Address: 1111 BAYSHORE BLV #A-15
City-St-Zip: CLEARWATER, FL 33759

Title: PTD ( ) Delete
Name: ACKLES, JAMES A
Address: 815 S ROXMERE ROAD
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: BENDICKSON, THOR R
Address: 111 85TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD (X) Delete
Name: HEINTZ, KATHYRN J
Address: 360 COUNTRYSIDE KEY
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: BENDICKSON, THOR R
Address: 111 85TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES A ACKLES P 04/28/2005

Electronic Signature of Signing Officer or Director Date