


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J80494 1. Entity Name LSR PUBLISHING GROUP, INC.	
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Principal Place of Business 12157 W. LINEBAUGH AVENUE, #279 TAMPA, FL 33626	Mailing Address 12157 W. LINEBAUGH AVENUE, #279 TAMPA, FL 33626
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02242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2815190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GREENBERG, MALVIN 9844 BRIDGETON RD TAMPA, FL 33626
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**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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENBERG, MALVIN 9844 BRIDGETON RD TAMPA, FL 33626
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**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: MALVIN GREENBERG, PRES 2/24/06 813-926-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #