

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90236 011 ***150.00

DOCUMENT # L35737

1. Entity Name
LPB SERVICE COMPANY



Principal Place of Business
7407 S E HILL TERRACE
HOBE SOUND, FL 33455 US

Mailing Address
7407 S E HILL TERRACE
HOBE SOUND, FL 33455 US

50020690



02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0156093

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOURIL, KENNETH
7407 SE HILL TERRACE
SUITE 120
HOBE SOUND, FL 33455

**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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME WHITFIELD, RICHARD A
STREET ADDRESS 7407 S.E. HILL TERR.
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE P
NAME KOURIL, KENNETH
STREET ADDRESS 7407 S E HILL TERRACE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE D
NAME YOUNG, ROBIN
STREET ADDRESS 7407 S E HILL TERRACE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE V
NAME MCCREE, DON
STREET ADDRESS 7407 SE HILL TERRACE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE P
NAME MEYERS, ROBERT
STREET ADDRESS 7407 S E HILL TERRACE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Kenneth H. Kouril
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-05 772-
546-8700
Date Daytime Phone #