


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # L91107 1. Entity Name L.B. HOLDINGS, INC.	
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Principal Place of Business C/O AKERMAN SENTERFITT ONE SE THIRD AVE 28TH FLOOR MIAMI, FL 33131 US	Mailing Address C/O AKERMAN SENTERFITT ONE SE THIRD AVE 28TH FLOOR MIAMI, FL 33131 US
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04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0207321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAATTAMA, HENRY H JR %AKERMAN, SENTERFITT ONE SE THIRD AVE 28 FLOOR MIAMI, FL 33131

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

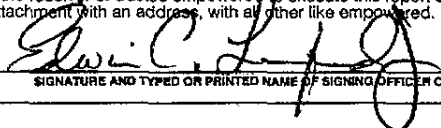
9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LUNSFORD, EDWIN C. JR 161 N CSWY, #8 NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST LUNSFORD, JOSEPH L 900 NW 6TH TERRACE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSFORD, JOSEPH L. 900 NW 6TH TERRACE BOCA RATON, FL
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04/09/05-80035-011 150.00

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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:  **Edwin C. Lunsford Jr.** 4/7/05 3864276474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #