

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90070 026 \*\*\*\*61.25

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N04000000725</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br>LPSNF, INC.  |   |  |  |  |  |
| <b>Principal Place of Business</b><br>799 OVERLOOK DRIVE<br>WINTER HAVEN, FL 33884  |   |  | <b>Mailing Address</b><br>799 OVERLOOK DRIVE<br>WINTER HAVEN, FL 33884 |  |  |
| <b>2. Principal Place of Business</b>   |   |  | <b>3. Mailing Address</b>  |  |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.  |  |  |
| City & State  |   |  | City & State   |  |  |
| Zip   |   | Country  |  | Zip  |  |
| Country   |   | Country  |  | 03062006 Chg-NP CR2E037 (11/05)                        |  |
| <b>4. FEI Number</b><br>20-0822949  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>                  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  | <b>7. Name and Address of New Registered Agent</b>                     |  |  |
| F & L CORP<br>ONE INDEPENDENT DRIVE<br>SUITE 1300<br>JACKSONVILLE, FL 32202   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City     |  |  |
| FL  |   |  | Zip Code   |  |  |
| <b>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.</b>  |   |  |  |  |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>           |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>  |   | <b>10. OFFICERS AND DIRECTORS</b>  |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | PD<br>TATE, CHARLES<br>799 OVERLOOK DRIVE<br>WINTER HAVEN, FL 33884 | <input checked="" type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | VP<br>MOORE, RONNIE<br>799 OVERLOOK DRIVE<br>WINTER HAVEN, FL 33884 | <input checked="" type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | ST<br>BUTLER, FRED<br>799 OVERLOOK DRIVE<br>WINTER HAVEN, FL 33884  | <input type="checkbox"/> Delete  |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete  |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete  |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete  |  |  |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | P<br>Ron Smith<br>799 OVERLOOK DR.<br>WINTER HAVEN, FL 33884        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | VP<br>Carol Butler<br>799 OVERLOOK DR.<br>WINTER HAVEN, FL 33884    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |  |
| <b>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 617, 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.</b> |   |  |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | JOHN A. McCay  |  | 3-6-06   |  |
| Date  |   | Daytime Phone #  |  | 863-324-1616   |  |