2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001418

Entity Name: LFM ENTERPRISES, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1500 MICCOSUKEE ROAD TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

1500 MICCOSUKEE ROAD TALLAHASSEE, FL 32308

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, HORACE A CUNNINGHAM, JULIA E 188 MARTIN STREET 1833 HALSTEAD BLVD. QUINCY, FL 32351 US 205

TALLAHASSEE, FL 32309 US

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: JULIA E. CUNNINGHAM 04/26/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PCEO () Delete Title: PCEO (X) Change () Addition

 Name:
 SIMMONS, LAMAR
 Name:
 SIMMONS, LAMAR

 Address:
 P.O. BOX 4081
 Address:
 1500 MICCOSUKEE ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32315
 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: VP () Delete Title: VP (X) Change () Addition Name: WILLIAMS, HORACE A Name: CUNNINGHAM, JULIA E

Address: 188 MARTIN STREET Address: 1500 MICCOSUKEE ROAD City-St-Zip: QUINCY, FL 32651 City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete Title: () Change () Addition

 Name:
 HARRIS, JOHN D
 Name:

 Address:
 1800 MICCOSUKEE ROAD
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA E. CUNNINGHAM VP 04/26/2005