

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005630

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: LBOH INC.

## Current Principal Place of Business:

7257 NW 4TH BLVD.  
GAINESVILLE, FL 32607 US

## New Principal Place of Business:

7257 NW 4TH BLVD.  
STE #317  
GAINESVILLE, FL 32607 US

## Current Mailing Address:

7257 NW 4TH BLVD.  
GAINESVILLE, FL 32607 US

## New Mailing Address:

7257 NW 4TH BLVD.  
STE #317  
GAINESVILLE, FL 32607 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOBS, JENNY R  
7257 NW 4TH BLVD.  
GAINESVILLE, FL 32607 US

## Name and Address of New Registered Agent:

JACOBS, JENNY R  
7257 NW 4TH BLVD.  
STE #317  
GAINESVILLE, FL 32607 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: JENNY R JACOBS

04/26/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: JACOBS, JENNY R  
Address: 3803 NW 23RD TERR.#102  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: T/D ( ) Delete  
Name: JACOBS, EDDIE  
Address: 3803 NW 23RD TERR.  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D ( ) Delete  
Name: WEHBE, FREDDIE  
Address: PO BOX 140911  
City-St-Zip: GAINESVILLE, FL 32614

Title: S/D ( ) Delete  
Name: PINO, CHARLES T  
Address: 111SE 1ST AVE.  
City-St-Zip: GAINESVILLE, FL 32602

Title: D ( ) Delete  
Name: MULLIGAN, RICK  
Address: 6020 NW 43RD ST.  
City-St-Zip: GAINESVILLE, FL 32602 US

Title: D ( ) Delete  
Name: KREIDER, DAVID  
Address: 8285 SW 80TH TERR.  
City-St-Zip: GAINESVILLE, FL 32607 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JENNY R JACOBS

P/D

04/26/2006

Electronic Signature of Signing Officer or Director

Date