

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90061 004 ****70.00

DOCUMENT # N36910					
1. Entity Name LSN, INC.					
Principal Place of Business P O BOX 221 YOUNGSTOWN, FL 32466-7221			Mailing Address P O BOX 221 YOUNGSTOWN, FL 32466-7221		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 59-2987840				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERNHARDT, BILL C 2916 EAST AVON ROAD PANAMA CITY, FL 32405			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reissuing) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BERNHARDT, BILL C.		NAME		
STREET ADDRESS	2916 EAST AVON ROAD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	☐ Change	☒ Addition
NAME	BOSO, MELANIE		NAME	Bentley, Joni	
STREET ADDRESS	740 VENETIAN WAY		STREET ADDRESS	132 michael way	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32405		CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE	D	☒ Delete	TITLE	☐ Change	☒ Addition
NAME	MCKAY, DEL		NAME	Hoppe, Edgar	
STREET ADDRESS	2409 VALLEY OAK CT		STREET ADDRESS	19731 Deep Springs Road	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		CITY-ST-ZIP	Fountain, FL 32438	
TITLE	VD	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	BENTLEY, RICHARD		NAME	Bentley, Richard	
STREET ADDRESS	PO BOX 775		STREET ADDRESS	132 michael way	
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP	Eastpoint FL 32328	
TITLE	T	☒ Delete	TITLE	☐ Change	☒ Addition
NAME	WEINBERG, RICHARD T.		NAME	Gatewood, Paula	
STREET ADDRESS	117 SUMMERBREEZE ROAD		STREET ADDRESS	5719 Kevin Circle	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP	Panama City FL 32404	
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 419, 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.					
SIGNATURE: Joni Bentley <i>Joni Bentley</i>			2-15-06 850-670-4474		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		