## **ANNUAL REPORT**

## **DOCUMENT # N93000005778**

1. Entity Name

WALTER AND EDITH LOEBENBERG FAMILY FOUNDATION, INC.

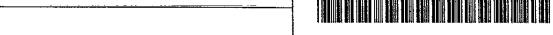


FILED Jan 25, 2005 08:00 AM Secretary of State

Principal Place of Business

6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710 Mailing Address

6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710



## DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

 01112005
 No Chg-NP
 CR2E037 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SNYDER, D J 6529 CENTRAL AVENUE SAINT PETERSBURG, FL 33710

## DO NOT WRITE IN THIS SPACE

		···		······································	
5. 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 reinstating)					
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financ     Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOEBENBERG, WALTER 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710				U00000194868 01/26/05-80004-016_61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOEBENBERG, DAVID 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710				÷
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEBENBERG, MICHAEL 6529 CENTRAL AVENUE ST. PETERSBURG, FL 33710			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information					

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 suppliemental 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR INJECTOR

01/17/05

727 347-8900

Dete

Daytime Phone #