

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



01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3221301	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOEBENBERG, WALTER
STREET ADDRESS	6529 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	STD
NAME	LOEBENBERG, DAVID
STREET ADDRESS	6529 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	D
NAME	LOEBENBERG, MICHAEL
STREET ADDRESS	6529 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: *Walter Loebenberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Walter Loebenberg

01/17/05 727 347-8900

Date Daytime Phone #