

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90145 047 \*\*\*150.00

DOCUMENT # P00000076494

1. Entity Name  
L S B HOMES, INC.



Principal Place of Business  
1012 67TH AVE W  
BRADENTON, FL 34207

Mailing Address  
1012 67TH AVE W  
BRADENTON, FL 34207

2. Principal Place of Business  
1012 67<sup>th</sup> AVE, West  
Suite, Apt. #, etc.

3. Mailing Address  
1012 67<sup>th</sup> AVE, West  
Suite, Apt. #, etc.

City & State  
Bradenton, FL  
Zip  
34207  
Country  
U.S.A.

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Bradenton, FL  
Zip  
34207  
Country  
U.S.A.

01202006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-1035860

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BRIMER, ROBERT  
1012 67TH AVE W  
BRADENTON, FL 34207

## 7. Name and Address of New Registered Agent

Name Robert Brimer  
Street Address (P.O. Box Number is Not Acceptable)  
1012 67<sup>th</sup> Ave. West  
City Bradenton FL Zip Code 34207

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

*Robert Brimer*

Robert Brimer

April 3 2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BRIMER, ROBERT D 1012 67TH AVE W BRADENTON, FL 34207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRIMER, LINDA SUE 1012 67TH AVE W BRADENTON, FL 34207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3/06

Date

Daytime Phone #