


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State


04-21-2004 90013 038 ***150.00

| | |
|--|---|
| DOCUMENT # P00000085383 |  |
| 1. Entity Name LF HERNANDO, INC. | |

| | |
|---|---|
| Principal Place of Business 3949 EVANS AVE, #205 FT MYERS, FL 33901 | Mailing Address 3949 EVANS AVE, #205 FT MYERS, FL 33901 |
|---|---|

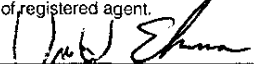
54037530

| | |
|--|---|
| 2. Principal Place of Business 11350 Metro Parkway | 3. Mailing Address PO BOX 933 |
| Suite, Apt. #, etc. Ste. 109 | Suite, Apt. #, etc. |
| City & State FT. MYERS FL | City & State FT MYERS FL |
| Zip 33912 | Country USA |

| | |
|--|--|
|  | |
| 04132004 | Chg-P CR2E034 (10/03) |
| 4. FEI Number 65-1039768 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

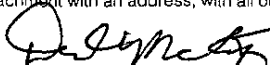
| | |
|--|--|
| 6. Name and Address of Current Registered Agent EHMAN, WILLIAM 3949 EVANS AVE, #205 FT MYERS, FL 33901 | |
|--|--|

| | |
|--|--|
| 7. Name and Address of New Registered Agent Name EHMAN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 11350 Metro Parkway, Ste. 109 City FT. MYERS FL Zip Code 33912 | |
|--|--|

| | |
|---|--|
| 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  DATE 4/19/04 <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
|---|--|

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP EHMAN, WILLIAM 3949 EVANS AVE, #205 FT MYERS, FL 33901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP EHMAN, WILLIAM 11350 METRO PARKWAY, STE. 109 FT MYERS FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEPHENSON, THOMAS E 2395 TAMiami TRAIL #13 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST MCCARTY, DOUGLAS 1617 N FEDERAL HWY LAKE WORTH, FL 33460 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BREWER, JOHN 1617 N. FEDERAL HWY LAKE WORTH, FL 33460 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BREWER, WILLIAM 1617 N. FEDERAL HWY LAKE WORTH, FL 33460 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TUBAUGH, JOHN 722 WEST JEFFERSON BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete | 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 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 607, 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:  DOUGLAS MCCARTY | APRIL 13, 2004 5615880440 <small>Date Daytime Phone #</small> |