


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000031436 1. Entity Name LBS PROPERTY INVESTORS, INC.	
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Principal Place of Business P. O. BOX 4287 TAMPA, FL 33677-4287	Mailing Address P. O. BOX 4287 TAMPA, FL 33677-4287
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DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3643417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, APRIL D
4312 W. ARCH ST.
TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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: April Anderson DATE: 4-29-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ANDERSON, APRIL D 4312 W. ARCH ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHENS, DAVID E 3908 W PINE ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, BRANDI J 2108 N GRADY AVE TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHIS, LAMARIA D 4312 W ARCH ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000158940
05/10/04-80010-002 150.00

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IN THIS SPACE**

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: April Anderson DATE: 4-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR