2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095381

Entity Name: LFC ENTERPRISES, INC.

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 315 E NEW MARKET ROAD IMMOKALEE, FL 34142 **Current Mailing Address: New Mailing Address:** P.O. BOX 3088 IMMOKALEE, FL 34143 FEI Number: 59-3752775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEISINGER, SHERYL A WHITESMAN, GUY E 1715 MONROE STREET 315 E NEW MARKET ROAD FORT MYERS, FL 33901 US IMMOKALEE, FL 34142 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. SIGNATURE: GUY E. WHITESMAN 01/16/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete Title: (X) Change () Addition WEISINGER, SHERYL A LIPMAN, LAWRENCE R Name: Name: 315 E NEW MARKET ROAD 315 EAST NEW MARKET ROAD Address: Address: IMMOKALEE, FL 34142 US City-St-Zip: IMMOKALEE, FL 34142 US City-St-Zip: () Delete Title: DV () Change (X) Addition Title: WEISINGER, JAIME Name: Name: 315 EAST NEW MARKET ROAD Address: Address: IMMOKALEE, FL 34142 US City-St-Zip: City-St-Zip: () Change (X) Addition Title: () Delete Title: PRESS, MAXWELL L Name: Name: 315 EAST NEW MARKET ROAD Address Address: City-St-Zip: City-St-Zip: IMMOKALEE, FL 34142 US Title: () Delete Title: VST () Change (X) Addition PURSE, TOBY K Name: Name: Address: Address: 315 EAST NEW MARKET ROAD City-St-Zip: City-St-Zip: IMMOKALEE, FL 34142 US Title: Title: () Change (X) Addition () Delete MICELLE, DARREN Name: Name: Address: 315 EAST NEW MARKET ROAD Address: City-St-Zip: City-St-Zip: IMMOKALEE, FL 34142 US Title: () Delete Title: () Change (X) Addition Name: Name: O'DELL, GERRY 315 EAST NEW MARKET ROAD Address: Address: City-St-Zip: City-St-Zip: IMMOKALEE, FL 34142 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOBY K PURSE V 01/16/2007