## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000095381

Entity Name: LFC ENTERPRISES, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
315 E NEW MARKET ROAD IMMOKALEE, FL 34142 US				315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142 US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX 3088 IMMOKALEE, FL 34143			PO BOX 3088 IMMOKALEE, FL 34	PO 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 C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	AN, GUY E ROE STREET RS, FL 33901	US			
The above in the State		ubmits this statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	E:				
	Electroni	c Signature of Registered Agen	t	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () LIPMAN, LAWRI 315 EAST NEW IMMOKALEE, FI	MARKET ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () WEISINGER, JA 315 EAST NEW IMMOKALEE, FI	MARKET ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () PRESS, MAXWI 315 EAST NEW IMMOKALEE, FI	MARKET ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VST () PURSE, TOBY R 315 EAST NEW IMMOKALEE, FI	MARKET ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () MICELLE, DARF 315 EAST NEW IMMOKALEE, FI	MARKET ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () O'DELL, GERRY 315 EAST NEW IMMOKALEE, FI	MARKET ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 PURSE VST 01/08/2009