2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000004042

1. Entity Name
LFI & CO.

Principal Place of Business	Mailing Address
296 GLADIOLA RD. NE PALM BAY, FL 32907	296 GLADIOLA RD. NE PALM BAY, FL 32907

02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0600499
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JONATHAN
296 GLADIATOR RD.
PALM BAY, FL 32907

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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 _____
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000098957
03/29/04-80063-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, JONATHAN P
STREET ADDRESS	296 GLADIOLA RD. NE
CITY ST ZIP	PALM BAY, FL 32907
TITLE	DS
NAME	SMITH, CINDY
STREET ADDRESS	296 GLADIOLA RD. NE
CITY ST ZIP	PALM BAY, FL 32907
TITLE	V
NAME	SMITH, JONATHAN JR.
STREET ADDRESS	6216 PINEWOOD DRIVE, NE
CITY ST ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: JONATHAN P SMITH 3/22/04 321 693 0601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #