2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State
08-02-2004 90008 028 ***150.00

DOCUMENT # P02000009639

1. Entity Name
LPHC 2, INC.

66432016

Principal Place of Business	Mailing Address
430 S. HARTSELL AVE. LAKELAND, FL	430 S. HARTSELL AVE. LAKELAND, FL

07212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1423001
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAXON, BERNICE S ESQ
SAXON, GILMORE, CARRAWAY
201 E. KENNEDY BLVD., STE. 600
TAMPA, FL 33602

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARPENTER, BARBARA
STREET ADDRESS	1339 ROBERT KING HIGH DRIVE
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	VD
NAME	OLDHAM, CARRIE
STREET ADDRESS	420 W. VALENCIA STREET
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	TD
NAME	BROWER, KEN
STREET ADDRESS	1005 DOROTHY STREET
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	SM
NAME	HERNANDEZ, HERBERT
STREET ADDRESS	430 S. HARTSELL AVENUE
CITY-ST-ZIP	LAKELAND, FL 33815
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: Hulet H 9 7-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
6643 2016

The Housing Authority of the City of Lakeland

August 10, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: LPHC 2, Inc.
Reference #: P02000009639

Dear Sir/Madam:

In speaking with a representative from your office today regarding the letter we received from you (copy attached), we are writing to inform you that our office did not receive notification of this annual report being due until May 2004. Your representative stated that the first notification was mailed in January of this year, which we did not receive.

Therefore, we respectfully request that the $400.00 late fee is waived. Should you have any questions, please feel free to contact me at Ext. 216. Thank you for your consideration and attention to this request.

Sincerely,

Herbert Hernandez
Secretary

dms

Enclosure (1)