
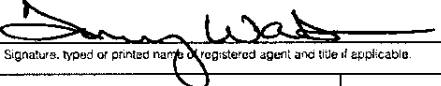
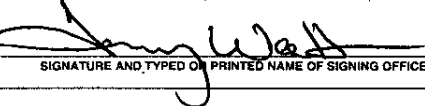


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90048 010 ***150.00

DOCUMENT # P02000013535					
1. Entity Name LCS MANAGEMENT, INC.					
Principal Place of Business 156 GROVELAND FARMS RD GROVELAND, FL 34736			Mailing Address P.O. BOX GROVELAND, FL 34736		
2. Principal Place of Business 1206 W. Broad St. Suite, Apt. #, etc.			3. Mailing Address P.O. Box 426 Suite, Apt. #, etc.		
City & State Groveland FL		City & State Groveland FL		4. FEI Number 75-2992123	
Zip 34736		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, TONY 156 GROVELAND FARMS RD GROVELAND, FL 34736				7. Name and Address of New Registered Agent Name: Tony Watson Street Address (P.O. Box Number is Not Acceptable): 1206 W. Broad St. City: Groveland FL Zip Code: 34736	
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:  Tony Watson 3/30/04 <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME WATSON, TONY STREET ADDRESS 156 GROVELAND FARMS RD CITY-ST-ZIP GROVELAND, FL 34736	<input type="checkbox"/> Delete		TITLE PT NAME Watson, Tony STREET ADDRESS 1206 W. Broad St. CITY-ST-ZIP Groveland, FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS NAME WATSON, KATINA STREET ADDRESS 156 GROVELAND FARMS RD CITY-ST-ZIP GROVELAND, FL 34736	<input type="checkbox"/> Delete		TITLE VPS NAME Watson, Katina STREET ADDRESS 1206 W. Broad St. CITY-ST-ZIP Groveland, FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Tony Watson 3/30/04 352-429-0906 <small>SIGNATURE AND, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94042841



03302004 Chg-P CR2E034 (10/03)