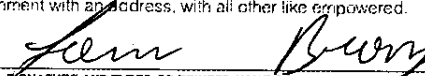


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90773 030 ***150.00

DOCUMENT # P02000016355 1. Entity Name L B & SONS, INC.					
Principal Place of Business 12033 DERRIS CT. JACKSONVILLE, FL 32246			Mailing Address 12033 DERRIS CT. JACKSONVILLE, FL 32246		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0568612	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROSKEY, LONNIE M 12033 DERRIS CT. JACKSONVILLE, FL 32246			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reappointing)					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROSKEY, LONNIE M 12033 DERRIS CT. JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CORRINE L. BROSKEY 12033 DERRIS COURT JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JASON T. CARROLL 12033 DERRIS COURT JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JUSTIN M. CARROLL 12033 DERRIS COURT JACKSONVILLE, FL 32246	
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					