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
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04302004 Chg-P CR2E034 (10/03)

4. FEI Number
02-0568612
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROSKEY, LONNIE M
12033 DERRIS CT.
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

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 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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BROSKEY, LONNIE M	
STREET ADDRESS	12033 DERRIS CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Change ☒ Addition
NAME	CORRINE L. BROSKEY	
STREET ADDRESS	12033 DERRIS COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	☐ Change ☒ Addition
NAME	JASON T. CARROLL	
STREET ADDRESS	12033 DERRIS COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	☐ Change ☒ Addition
NAME	JUSTIN M. CARROLL	
STREET ADDRESS	12033 DERRIS COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #