


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90237 008 ***150.00

DOCUMENT # P02000053550		
1. Entity Name LCFP, INC.		

Principal Place of Business 1560 MANCHESTER BLVD FT MYERS, FL 33919	Mailing Address 1560 MANCHESTER BLVD FT MYERS, FL 33919
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14011143



2. Principal Place of Business 12631 World Plaza Lane		3. Mailing Address	
Suite, Apt. #, etc. Fort Myers FL		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33907	Country Lee	Zip	Country

02192004 Chg-P CR2E034 (10/03)

4. FEI Number 04-3697780	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
PIETRI, ANGEL 1560 MANCHESTER BLVD FT MYERS, FL 33919	

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 <input type="checkbox"/> Delete
NAME	PIETRI, ANGEL
STREET ADDRESS	1560 MANCHESTER BLVD
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Henegar
STREET ADDRESS	12631 World Plaza Lane
CITY-ST-ZIP	Fort Myers FL 33907
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Grubbs
STREET ADDRESS	12631 World Plaza Lane
CITY-ST-ZIP	Fort Myers FL 33901
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 239-277-9377

Date

Daytime Phone #