

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000053550 1. Entity Name LCFP, INC.					
Principal Place of Business 12631 WORLD PLAZA LANE FORT MYERS FL 33901			Mailing Address 1560 MANCHESTER BLVD FT MYERS FL 33919		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIETRI, ANGEL 1560 MANCHESTER BLVD FT MYERS FL 33919				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIETRI, ANGEL		NAME		
STREET ADDRESS	1560 MANCHESTER BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENEGAR, ROBERT		NAME		
STREET ADDRESS	12631 WORLD PLAZA LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUBBS, JUDITH		NAME		
STREET ADDRESS	12631 WORLD PLAZA LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/04)

4. FEI Number **04-3697780** Applied For ☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 1/26/05 239-236-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #