


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90088 024 ***150.00

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 - No P.O. Box #
12645 New Brittany Blvd

3. Mailing Address
12645 New Brittany Blvd

Suite, Apt. #, etc.
Suite 15



01102008 Chg-P CR2E034 (12/06)

City & State
Fort Myers, FL

City & State
Fort Myers FL

Zip
33907

Country
USA

Zip
33907

Country
USA

4. FEI Number
04-3697780

Applied For
 Not Applicable

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
Angel Pietri,

Street Address (P.O. Box Number is Not Acceptable)
12645 New Brittany Blvd #15

City
Fort Myers

State
FL

Zip Code
33907

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]* **(Address change only)** DATE **1/11/07**

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, 2008 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	D	<input type="checkbox"/> Delete
NAME	HENEGAR, ROBERT	
STREET ADDRESS	12631 WORLD PLAZA LANE	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRUBBS, JUDITH	
STREET ADDRESS	12631 WORLD PLAZA LANE	
CITY-ST-ZIP	FORT MYERS, FL 33901	
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 *Addresses*

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12645 New Brittany Blvd, #15	
STREET ADDRESS	Fort Myers FL 33907	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12645 New Brittany Blvd #15	
STREET ADDRESS	Fort Myers FL 33907	
CITY-ST-ZIP	Fort Myers FL 33907	
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 exemptions contained in Chapter 119, 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]*

1/11/07