2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State
05-06-2004 90164 033 ***150.00

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1. Entity Name
LBCOT, INC.

Principal Place of Business	Mailing Address
348 WILSHIRE BLVD CASSELBERRY, FL 32707	348 WILSHIRE BLVD CASSELBERRY, FL 32707

05032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 181391	7800 S. U.S Hwy 17-92
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 144
City & State: Casselberry, FL	City & State: Casselberry Fern Park, FL
Zip: 32718 Country:	Zip: 32730 Country: Seminole

4. FEI Number APPLIED FOR 14-1885798 ☐ Applied For ☐ Not Applicable

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
MARTINEZ, KENT 348 WILSHIRE BLVD CASSELBERRY, FL 32707	Name: Kent Martinez Street Address (P.O. Box Number is Not Acceptable): 7800 S. U.S. Hwy 17-92 Suite 144 City: Casselberry Fern Park FL Zip Code: 32730

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	PDST MARTINEZ, KENT ~~348 WILSHIRE BLVD~~ New Address ~~CASSELBERRY, FL 32707~~ Also	☐ Delete	☐ Change ☐ Addition
		☐ Delete	☐ Change ☐ Addition
		☐ Delete	☐ Change ☐ Addition
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		☐ Delete	☐ Change ☐ Addition

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] 4-25-04 407-256-6234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #