

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000130859

1. Entity Name
LBFH HOLDING COMPANY, INC.



Principal Place of Business
3550 S.W. CORPORATE PARKWAY
PALM CITY, FL 34990

Mailing Address
3550 S.W. CORPORATE PARKWAY
PALM CITY, FL 34990



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LINDAHL, LENNART E
3550 S.W. CORPORATE PKWY
PALM CITY, FL 34990

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IN THIS SPACE**

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 PD
NAME HERMESMEYER, MICHAEL T
STREET ADDRESS 3550 SW CORPORATE PKWAY
CITY-ST-ZIP PALM CITY, FL 34990

TITLE SVD
NAME ECKLER, SCOTT
STREET ADDRESS 3550 SW CORPORATE PKWY
CITY-ST-ZIP PALM CITY, FL 34990

TITLE CD
NAME LINDAHL, LENNART E
STREET ADDRESS 3550 SW CORPORATE PKWY
CITY-ST-ZIP PALM CITY, FL 34990

TITLE TDV
NAME VOKOUN, T C
STREET ADDRESS 3550 SW CORPORATE PKWY
CITY-ST-ZIP PALM CITY, FL 34990

TITLE DV
NAME MEIERS, GORDON
STREET ADDRESS 1400 COLONIAL BLVD. SUITE 31
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE DV
NAME CLARK, D
STREET ADDRESS 2029 PALM BEACH LAKES BLVD, SUITE 600
CITY-ST-ZIP WEST PALM BEACH, FL 33409

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04/05/04-80018-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Thomas C Vokoun Thomas C Vokoun 3-18-2004 772-286-3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #