

# ANNUAL REPORT

DOCUMENT # P03000004002

Entity Name  
LS BUSINESS DEVELOPMENT GROUP, INC.



**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90355 028 \*\*\*150.00

Principal Place of Business  
5503 SW 19 STREET  
MIRAMAR, FL 33027

Mailing Address  
15503 SW 19 STREET  
MIRAMAR, FL 33027

Principal Place of Business  
18382 94<sup>TH</sup> ST. N.  
Suite, Apt. #, etc.

3. Mailing Address  
18382 94<sup>TH</sup> ST. N.  
Suite, Apt. #, etc.



04162004 Chg-P CR2E034 (10/03)

City & State  
LOXAHATCHEE, FL

City & State  
LOXAHATCHEE

Zip  
33470

Country  
USA

Zip  
33470

Country  
USA

4. FEI Number  
04-3731094

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SCHMIDBAUER, JOHN  
5503 SW 19 STREET  
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \_\_\_\_\_

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
FILE	D	<input type="checkbox"/> Delete		TITLE	SCHMIDBAUER, JOHN	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	SCHMIDBAUER, JOHN			NAME	18382 94 <sup>TH</sup> ST. N.		
STREET ADDRESS	15503 SW 19 STREET			STREET ADDRESS	LOXAHATCHEE, FL 33470		
CITY-ST-ZIP	MIRAMAR, FL 33027			CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

2. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE