

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90175 025 ***150.00

DOCUMENT # P03000023637 1. Entity Name LLOYD FAMILY ENTERPRISES INCORPORATED																															
Principal Place of Business 200 SOUTH INDIAN RIVER DRIVE SUITE 301 FORT PIERCE, FL 34950		Mailing Address 200 SOUTH INDIAN RIVER DRIVE SUITE 301 FORT PIERCE, FL 34950																													
2. Principal Place of Business 201 S. 2ND ST. Suite, Apt. #, etc. 115		3. Mailing Address P.O. Box 4382 Suite, Apt. #, etc.																													
City & State FT. PIERCE, FL		City & State FT. PIERCE, FL																													
Zip 34950		Country ST. LUCIE																													
Zip 34948-4382		Country ST. LUCIE																													
4. FEI Number 56-2320742 56-2320942		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent LLOYD, VINCENT A 200 SOUTH INDIAN RIVER DRIVE SUITE 301 FORT PIERCE, FL 34950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 S. 2ND ST. SUITE 115 City FT. PIERCE FL Zip Code 34950																													
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 2-25-2005 <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD LLOYD, VINCENT A 200 SOUTH INDIAN RIVER DRIVE #301 FORT PIERCE, FL 34950 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLOYD, VINCENT A 200 SOUTH INDIAN RIVER DRIVE #301 FORT PIERCE, FL 34950 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 S. 2ND ST. #115 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 S. 2ND ST. #115												
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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)(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:		VINCENT A. LLOYD 2-25-2005 (772) 466-6120 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																													