

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90023 025 ***150.00

DOCUMENT # P03000028827

1. Entity Name
LCSF, INC.



Principal Place of Business
10694 S. US1
SUITE B
PORT ST. LUCIE FL 34952
US

Mailing Address
10694 S. US1
SUITE B
PORT ST. LUCIE FL 34952
US



2. Principal Place of Business - No P.O. Box #
318 NW Bethany Dr.
Suite, Apt. #, etc.

3. Mailing Address
318 NW Bethany Dr.
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Port St Lucie FL
Zip
34986
Country
USA

City & State
Port St Lucie FL
Zip
34986
Country
USA

4. FEI Number 75-3109720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HADDAD, ALISSA C
10694 S. U.S. 1
SUITE B
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name
HADDAD-SCOTT, ALISSA C.
Street Address (P.O. Box Number is Not Acceptable)
318 NW Bethany Dr.
City
Port St Lucie FL Zip Code
34986

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
P, D
HADDAD, ALISSA C
STREET ADDRESS
10694 S. US1, SUITE B
CITY-ST-ZIP
PORT ST. LUCIE FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P.D.
HADDAD-SCOTT, ALISSA ☒ Change ☐ Addition
STREET ADDRESS
318 NW Bethany Dr.
CITY-ST-ZIP
PORT St Lucie FL 34986

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alissa Scott

3/14/07

772-398-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #