2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094195

Title:

Name:

Address:

City-St-Zip:

FILED May 21, 2004 Secretary of State

Entity Name: LBT MANAGEMENT CO., INC. **Current Principal Place of Business: New Principal Place of Business:** 6522 GUNN HWY TAMPA, FL 33625 **Current Mailing Address: New Mailing Address:** 6522 GUNN HWY TAMPA, FL 33625 FEI Number: 20-0227154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LYNCH, PAUL R 101 E KENNEDY BLVD STE 2800 TAMPA, FL 33602 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SUAREZ, JACK D CUNNINGHAM, DELTON N Name: Name: 6522 GUNN HWY 6522 GUNN HWY Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: TAMPA, FL 33625 Title: Title: VΡ () Delete (X) Change () Addition Name: RUSHNELL. DEVON Name: RUSHNELL. DEVON 6522 GUNN HWY 6522 GUNN HWY Address: Address: TAMPA, FL 33625 TAMPA, FL 33625 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete BUEHLER, JOHN BUEHLER, JOHN Name: Name: 6522 GUNN HWY 6522 GUNN HWY Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN BUEHLER, PRESIDENT P 05/21/2004

() Delete

() Change (X) Addition

LYNCH, PAUL R

TAMPA, FL 33602

101 E KENNEDY SUITE 2800