

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000104052

1. Entity Name
LFC, INC.



Principal Place of Business
619 S.E. PRESTON LANE
PORT ST. LUCIE, FL 34983

Mailing Address
619 S.E. PRESTON LANE
PORT ST. LUCIE, FL 34983

FILED
Sep 15, 2008 08:00 AM
Secretary of State



09112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2215347

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAIG, LISA F
619 S.E. PRESTON LANE
PORT ST. LUCIE, FL 34983

**DO NOT WRITE
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 fee if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME CRAIG, LISA F
STREET ADDRESS 619 S.E. PRESTON LANE
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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09/15/08-80003-011 150.00

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-08 561-818-6052

Date

Daytime Phone #