

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000104957

Entity Name
LB OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
4109 15 AVE SW
NAPLES, FL 34116

Mailing Address
4109 15 AVE SW
NAPLES, FL 34116

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0283807

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERRERA, JORGE L
4109 15 AVE SW
NAPLES, FL 34116

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IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000338905
01/30/06-80028-007 150.00

OFFICERS AND DIRECTORS

NAME
TITLE
STREET ADDRESS
CITY-ST-ZIP
NAME
TITLE
STREET ADDRESS
CITY-ST-ZIP
NAME
TITLE
STREET ADDRESS
CITY-ST-ZIP
NAME
TITLE
STREET ADDRESS
CITY-ST-ZIP
NAME
TITLE
STREET ADDRESS
CITY-ST-ZIP

PTVS
HERRERA, JORGE L
4109 15 AVE SW
NAPLES, FL 34116

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IN THIS SPACE**

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

1/14/06 (239)825-3839
Date Daytime Phone #