2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2006 8:00 am Secretary of State 03-03-2006 90110 026 ***150.00

2. Promptal Place of Business 2. Mailing Address Sulfe. Apt. 4 rec. Sulfe. Apt. 4 r	DOCUM 1. Entity Name LP ENERG		4218	;		03-03-2006 90110 026 ***150.00	
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Name LYLE PARKS Sreat Address (P.O. Box Number is Not Acceptable) 23 26 7 SAFARI AVE. City PORT CHARLOTTE, FL Zip 3395 4 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the originators of registered agent, or both, in the State of Floride. I am familiar with, and accept the originators of registered agent, or both, in the State of Floride. I am familiar with, and accept the originators of registered agent, or both, in the State of Floride. I am familiar with, and accept the originators of registered agent, or both, in the State of Floride. I am familiar with, and accept the originators of registered agent, or both, in the State of Floride. I am familiar with, and accept the originators of registered agent, or both, in the State of Floride. I am familiar with, and accept the originators of registered agent, or both, in the State of Floride. I am familiar with, and accept the originators of registered agent, or both, in the State of Floride. I am familiar with, and accept the originators agent, or both, in the State of Floride. I am familiar with, and accept the originators agent, or both, in the State of Floride. I am familiar with, and accept the originators agent, or both, in the State of Floride. I am familiar with, and accept the part of the state of Floride. FILE NOWITI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be	Zip	Country Zip		ip Country			
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SIGNATURE: X 116 V av LYLE PARKS 3-1-06 (941) 626-6250	indicated of the co changed	on this report or supplemental report rporation or the receiver or trustee e , or on an attachment with an addre	ort is true and accurate and that impowered to execute this reposes, with all other like empowers	at my sign: ort as requ ed. ,	ature shall have the uired by Chapter 60	and in Chapter 119, Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 10 or Block 11 if 3 - 1 - 06	