2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ME

NAME

FILED May 13, 2005 8:00 am Secretary of State 05-13-2005 90219 006 ***150.00

Change

Addition

1. Entity Nan			o 3			00		19 000	130.00	,	
Principal Place of Business Mailing Address]			อบบอ	CULI	
2754 HOPE ST SARASOTA, FL 34231			2754 HOPE ST SARASOTA, FL 34231								
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04042005	Chg-P	CR2i	E034 _. (10/03)		
City & Stat	le		City & State			4. FEI Number	20-10016	18	 - - - - - - - - - -	oplied For of Applicable	
Zip	Coun	try	Žip	Country			f Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent					7 Name and	Address of New P	aniota va	Fee Require			
o. Name and Address of Current Hegistered Agent						7. Name and 1	Address of New R	edistale	u Agent		
CAPUTO, LOUIS T 2754 HOPE ST				Street A	Street Address (P.O. Box Number is Not Acceptable)						
	A, FL 34231			-							
				City				F	Zip Cod	le	
9 The above	named antihi submit	n this statement for the	purpose of changing its	angiglared effice as		end opposit on bath	in the Ctate of Flo				
SIGNATURE.	Signature, typed or printed r	name of registered agent and title	if applicable. (NOTE	E: Registered Agent signal	ure required	when reinstating)		DATE			
FIL After M	E NOW!!! FEE I ay 1, 2005 Fee	S \$150.00 will be \$550.00	9. Election Campai Trust Fund Conti		\$5 . Add	.00 May Be ed to Fees					
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS A	ND DIRECTOR	S IN 11	
TITLE	P	_	Delete	TITLE	}				☐ Change	Addition	
NAME CERCET ADDRESS	CAPUTO, LOUIS	ŧΤ		NAME OWNER LODDSON							
STREET ADDRESS CITY-ST-ZIP	2754 HOPE ST SARASOTA, FL	34231		STREET ADDRESS CITY-ST-ZIP	ļ						
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NAME				T LALVANT	1						

12. I hereby certify that the information supplied with this filling does not qualify 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 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.

CITY-ST-ZIP

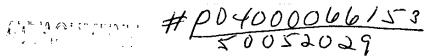
STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

5/9/05 SIGNATURE ING OFFICER OR DIRECTOR Daytime Phone #



AAA Bookkeeping & Tax Service P.O. Box 47 Bradenton, Florida 34206

May 9, 2005

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: LCS Enterprises, Inc.

Dear Customer Service Rep:

LCS Enterprises, Inc. was a brand new corporation formed in 2004. The client was unaware of the 2005 filing deadline as a result of being new in business.

I was a newly-hired CPA for this client who accepted this client late in the tax season, placing his tax returns on extension. When I began preparing his return last week, I realized that he had included his corporation filing in and among his personal tax papers.

I notified the client immediately, and he came to my office as soon as we realized that the report was late.

We respectfully request that you waive the penalty for this first year because of the confusion between the client and me. We have enclosed a check for \$150.00 and the completed report.

Sincerely,

Reba C. Rogers, CPA

Reba C. Regers