

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90032 018 ***150.00

DOCUMENT # P04000114199

1. Entity Name
L H ENTERPRISES INC.



Principal Place of Business
**3606 CAMERON CROSSING DR.
JACKSONVILLE, FL 32223**

Mailing Address
**3606 CAMERON CROSSING DR.
JACKSONVILLE, FL 32223**

40010204



2. Principal Place of Business - No P.O. Box #
3606 Cameron Crossing Dr
Suite, Apt. #, etc.

3. Mailing Address
3606 Cameron Crossing Dr
Suite, Apt. #, etc.

01262007 Chg-P CR2E034 (12/06)

City & State
Jax FL
Zip
32223 Country
US

City & State
Jax FL
Zip
32223 Country
US

4. FEI Number
34-2008731 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HILBERT, LEE W
3606 CAMERON CROSSING DR.
JACKSONVILLE, FL 32223**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HILBERT, LEE W 3606 CAMERON CROSSING DR. JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

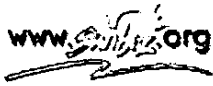
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal 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

2/3/7

Date Daytime Phone #



ATTACHMENT
40010202
Division of Corporations

Annual Report

Annual Report Help

Document Number

P04000114199

Business Entity Name

L H ENTERPRISES INC.

FEI Number	342008731			
FEI Number Status	Listed Above	Applied For	Not Applicable	
Certificate of Status Desired	Yes	No	\$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes	No		

Principal Place of Business

Address **3606 CAMERON CROSSING DR.**
Suite, Apt. #, etc.
City, State **JACKSONVILLE** , **FL**
Zip Code & Country **32223**

Mailing Address

Address **3606 CAMERON CROSSING DR.**
Suite, Apt. #, etc.
City, State **JACKSONVILLE** , **FL**
Zip Code & Country **32223**

Name and Address of Registered Agent

Name (Last, First, Middle, Title) **HILBERT** , **LEE** , **W**

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **3606 CAMERON CROSSING DR.**

Suite, Apt. #, etc.

City, State **JACKSONVILLE** , **FL**

Zip Code & Country **32223** **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) HILBERT, LEE, W

- OR -

Entity Name to serve as
Officer/Director

Street Address 3606 CAMERON CROSSING DR.
City, State JACKSONVILLE, FL
Zip Code & Country 32223

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title

40010202
#P04688 114199

Zip Code & Country

Officer/Director Signature

Continue Reset