## 2007 FOR PROFIT CORPORATION

**FILED** ANNUAL REPORT Apr 09, 2007 08:00 Al Secretary of State **DOCUMENT # P05000037493** 1. Entity Name LCB HOLDINGS, INC. Principal Place of Business Mailing Address 1417 S. MISSOURI AVE. 1417 S. MISSOURI AVE. CLEARWATER, FL 33756 CLEARWATER, FL 33756 04022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2511186 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALHOUN, FERRELL E JR. DO NOT WRITE 1417 S. MISSOURI AVE. CLEARWATER, FL 33756 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U0000006958<u>7</u>7 150.00 10. OFFICERS AND DIRECTORS TITLE CALHOUN, FERRELL E JR. NAME STREET ADDRESS 1417 S. MISSOURI AVE. CITY-ST-ZIP CLEARWATER, FL 33756 VP TITLE CAYAVEC, LORI L NAME 1417 S. MISSOURI AVE. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

REELL E CALHOUNTE 4/2/07 727 4466075