

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P05000051137

1. Entity Name

LPJ PROPERTIES, INC.



Principal Place of Business

2761 VISTA PKWY STE E-12  
WEST PALM BEACH FL 33411

Mailing Address

2761 VISTA PKWY STE E-12  
WEST PALM BEACH FL 33411

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-2043493

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POTREKOS, JOHN A  
2761 VISTA PKWY STE E-12  
WEST PALM BEACH FL 33411

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

*[Handwritten Signature]*

As signed, typed or printed name of registered agent or trustee in Florida.

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME POTREKUS, JOHN A  
STREET ADDRESS 4091 BURNS ROAD SUITE B-14  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

Delete

TITLE PD  
NAME POTREKUS, JOHN A  
STREET ADDRESS 2761 VISTA PKWY E-12  
CITY-ST-ZIP WEST PALM BEACH FL 33411

Change  Addition

TITLE STD  
NAME LOVOI, RAY  
STREET ADDRESS 4091 BURNS ROAD SUITE B-14  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

Delete

TITLE STD  
NAME LOVOI, RAY  
STREET ADDRESS 2761 VISTA PKWY E-12  
CITY-ST-ZIP WEST PALM BEACH FL 33411

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 without other authority empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
May 06, 2008 8:00 am  
Secretary of State**

05-06-2008 90029 040 \*\*\*150.00



1st MOORE CR2E034 (10/07)

Date

Daytime Phone #