2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075648

Entity Name: LBBS EMPLOYER SERVICES INC

PT CHARLOTTE, FL 33952

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

	LDDO LIV	ii eo terroerrioeo, ii					
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
25166 MAF #113	RION AVE						
	ORDA, FL 339	950					
Current M	lailing Addres	ss:	New Mail	New Mailing Address:			
25166 MAF #113 PUNTA GO	RION AVE ORDA, FL 339	950					
FEI Number:	: 20-2954503	FEI Number Applied For	() FEI Number Not App	olicable ()	Certificate of Status De	sired ()	
Name and	Address of C	Current Registered Age	nt: Name and	Address of N	ew Registered Age	nt:	
25166 MAF #113 PUNTA GO The above	ORDA, FL 339	950 US	or the purpose of changing	its registered of	fice or registered age	ent, or both,	
SIGNATUR							
		nic Signature of Register g Trust Fund Contribution (TOPS:).	NS/CHANGES	Date O OFFICERS AND	DIPECTORS:	
	_					DIRECTORS.	
Title: Name: Address: City-St-Zip:	D () BENNETT, LAR 3745 TAMIAMI PT CHARLOTT	TRAIL	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address:	D () SMITH, BRUCE 3745 TAMIAMI		Title: Name: Address:	D (X) SMITH, BRUCE 3745 TAMIAMI T			

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA LEFRANCOIS RA 04/29/2009

PT CHARLOTTE, FL 33952