

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90023 043 ***150.00

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1. Entity Name

LBC LIFESTYLE AND BUSINESS CONSULTING INC.



Principal Place of Business

9899 N. CITRUS AVE
CRYSTAL RIVER FL 34428
US

Mailing Address

9899 N. CITRUS AVE
CRYSTAL RIVER FL 34428
US



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

9899 N. CITRUS AVE

Suite, Apt. #, etc.

3. Mailing Address

9899 N. CITRUS AVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

CRYSTAL RIVER FL

City & State

CRYSTAL RIVER FL

4. FEI Number

16-1732064

Applied For

Not Applicable

Zip

34428

Country

USA

Zip

34428

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAVEK, MARTIN
9899 N. CITRUS AVE
CRYSTAL RIVER FL 34428

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

MARTIN BRAVEK

03/18/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering.)

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

TITLE P ☐ Delete
NAME BRAVEK, MARTIN
STREET ADDRESS 3500 SW 186THCT
CITY-ST-ZIP DUNNELLON FL 34432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

MARTIN BRAVEK

03/18/08

352-795-4907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #