


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90309 002 \*\*\*150.00

**DOCUMENT # P05000115922**

1. Entity Name  
**LCF VENTURES, INC.**



Principal Place of Business      Mailing Address  
**18056 HORSESHOE BAY CIRCLE**      **18056 HORSESHOE BAY CIRCLE**  
**FORT MYERS FL 33912**      **FORT MYERS FL 33912**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**74-3150962**      Applied For  
 Not Applicable

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

1st MOORE      CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**FRIEDMAN, LISA C**  
**18056 HORSESHOE BAY CIRCLE**  
**FORT MYERS FL 33912**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	FRIEDMAN, LISA C	
STREET ADDRESS	18056 HORSESHOE BAY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRIEDMAN, LISA C	
STREET ADDRESS	18056 HORSESHOE BAY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	FRIEDMAN, LISA C	
STREET ADDRESS	18056 HORSESHOE BAY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	FRIEDMAN, LISA C	
STREET ADDRESS	18056 HORSESHOE BAY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Lisa C. Friedman      4/4/06      239-433-3811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #