

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115922

Entity Name: LCF VENTURES, INC.

FILED  
Feb 10, 2011  
Secretary of State

**Current Principal Place of Business:**

18056 HORSESHOE BAY CIRCLE  
FORT MYERS, FL 33967

**New Principal Place of Business:**

**Current Mailing Address:**

18056 HORSESHOE BAY CIRCLE  
FORT MYERS, FL 33967

**New Mailing Address:**

FEI Number: 74-3150962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIEDMAN, LISA C  
18056 HORSESHOE BAY CIRCLE  
FORT MYERS, FL 33967 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FRIEDMAN, LISA C  
Address: 18056 HORSESHOE BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33967 US

Title: VP  
Name: FRIEDMAN, LISA C  
Address: 18056 HORSESHOE BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33967 US

Title: SEC  
Name: FRIEDMAN, LISA C  
Address: 18056 HORSESHOE BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33967 US

Title: TRES  
Name: FRIEDMAN, LISA C  
Address: 18056 HORSESHOE BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33967 US

I hereby 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 all other like empowered.

SIGNATURE: LISA C. FRIEDMAN

P

02/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date