

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90007 012 ***150.00

DOCUMENT # P06000033101

1. Entity Name
LBJ DESIGNS INC.



Principal Place of Business
4482 TWIN VIEW LANE
ORLANDO FL 32814
US

Mailing Address
4482 TWIN VIEW LANE
ORLANDO FL 32814
US



2. Principal Place of Business - No P.O. Box #
4385 WARDELL PLACE

Suite, Apt. #, etc.
#102

City & State
ORLANDO, FL

Zip
32814

Country
US

3. Mailing Address
4385 WARDELL PLACE

Suite, Apt. #, etc.
#102

City & State
ORLANDO, FL

Zip
32814

Country
US

1st MOORE CR2E034 (10/06)

4. FEI Number
20-4440309

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBS, LYNDIA B
4482 TWIN VIEW LANE
ORLANDO FL 32814

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4385 WARDELL PLACE

#102

City ORLANDO

FL

Zip Code
32814

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
JACOBS, LYNDIA B
4482 TWIN VIEW LANE
ORLANDO FL 32814 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
4385 WARDELL PLACE #102
ORLANDO, FL 32814

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

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☐ 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, with all other like empowered.

SIGNATURE:

LYNDIA B. JACOBS 2-19-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #