

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000042435

Entity Name: L.B. CONSOLIDATED, INC.

FILED
Dec 20, 2007
Secretary of State

Current Principal Place of Business:

5551 GREY STREET
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

10340 OSCEOLA DR
NEW PORT RICHEY, FL 34654

Current Mailing Address:

5551 GREY STREET
NEW PORT RICHEY, FL 34652

New Mailing Address:

10340 OSCEOLA DRIVE
NEW PORT RICHEY, FL 34655

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOTAL BOOKKEEPING SERVICE, INC.
2155 GRAND BLVD.
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

JEANNOTTE, BETH
2155 GRAND BLVD.
HOLIDAY, FL 34690 US

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: BETH JEANNOTTE

12/20/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAMB, RICK
Address: 5551 GREY STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: LAMB, JOAN
Address: 5551 GREY STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAMB, RICK
Address: 10340 OSCEOLA
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D (X) Change () Addition
Name: LAMB, JOAN
Address: 10340 OSCEOLA
City-St-Zip: NEW PORT RICHEY, FL 34654

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: JOAN LAMB

VP

12/20/2007

Electronic Signature of Signing Officer or Director

Date