

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-05-2008 90244 018 ***150.00
06-09-2008 90001 001 ****61.25

DOCUMENT # P07000072503 1. Entity Name LEBEAU REAL ESTATE HOLDINGS INC					
Principal Place of Business 3508 DOLPHIN DRIVE SEBRING FL 33870			Mailing Address 3508 DOLPHIN DRIVE SEBRING FL 33870		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 26-0403745	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applied ☐	
6. Name and Address of Current Registered Agent MCCOLLUM, JAMES F 129 S COMMERCE AVE SEBRING FL 33870				7. Name and Address of New Registered Agent Name SHARON D. Lebeau Street Address (P.O. Box Number is Not Acceptable) 3508 Dolphin Dr. City Sebring FL 33870	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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 Added to Fee				10. OFFICERS AND DIRECTORS	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P LEBEAU, SHARON 3508 DOLPHIN DRIVE SEBRING FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP LEBAEU, KEITH 3508 DOLPHIN DRIVE SEBRING FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP S LEBEAU, SHARON 3508 DOLPHIN DRIVE SEBRING FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP T LEBEAU, KEITH 3508 DOLPHIN DRIVE SEBRING FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			
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: <u>Sharon D. Lebeau</u> 4-16-08 863-385-4200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					