2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P07000091320

Entity Name: L.C. FINANCIALS INCORPORATED

Current Principal Place of Business:

3930 VERSAILLES DR.
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

3930 VERSAILLES DR.
TAMPA, FL 33634

New Mailing Address:

FEI Number: 26-0724255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULER, TIMOTHY C
9075 SEMINOLE BLVD
SEMINOLE, FL 33772 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FEWER, ELSIE
Address: 3930 VERSAILLES DR.
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: WILLS, STEVEN
Address: 3930 VERSAILLES DR.
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: GERVAIS, RICHARD
Address: 4740 N CRESTLINE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GERVAIS, RICHARD
Address: 3930 VERSAILLES DR
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Change (X) Addition
Name: GERVAIS, MITSEY
Address: 3930 VERSAILLES DR.
City-St-Zip: TAMPA, FL 33634

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: ELSIE FEWER PRES 04/29/2009

Electronic Signature of Signing Officer or Director Date