

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047364

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: LETHBRIDGE, ENTERPRISES, INC.

## Current Principal Place of Business:

4408 KENDAL CT.  
VALRICO, FL 33596 US

## New Principal Place of Business:

4511 N. HIMES AVE.  
SUITE 200  
TAMPA, FL 33614 US

## Current Mailing Address:

4408 KENDAL CT.  
VALRICO, FL 33596 US

## New Mailing Address:

4511 N. HIMES AVE.  
SUITE 200  
TAMPA, FL 33614 US

FEI Number: 26-2588827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST. SUITE 500  
ORLANDO, FL 32804 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: P D ( ) Delete  
Name: LETHBRIDGE, PAMELA  
Address: 4408 KENDAL CT.  
City-St-Zip: VALRICO, FL 33596 US

Title: V D ( ) Delete  
Name: LETHBRIDGE, HENRY  
Address: 4408 KENDAL CT.  
City-St-Zip: VALRICO, FL 33596 US

Title: D ( ) Delete  
Name: LETHBRIDGE, HEATHER  
Address: 1218 LAKE BREEZE PL.  
City-St-Zip: VALRICO, FL 33596 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PAMELA M. LETHBRIDGE

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date