

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047364

**FILED**  
**Jan 17, 2010**  
**Secretary of State**

**Entity Name:** LETHBRIDGE, ENTERPRISES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

9128 WARWICKSHIRE RD.  
JACKSONVILLE, FL 32257 US

**Current Mailing Address:**

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

**New Mailing Address:**

9128 WARWICKSHIRE RD.  
JACKSONVILLE, FL 32257 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  
**Name:** LETHBRIDGE, PAMELA  
**Address:** 9128 WARWICKSHIRE RD.  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

**Title:** V D  
**Name:** LETHBRIDGE, HENRY  
**Address:** 9128 WARWICKSHIRE RD.  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

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

I hereby 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 all other like empowered.

**SIGNATURE:** PAMELA M. LETHBRIDGE

PD

01/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date