

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110858

FILED
Apr 09, 2009
Secretary of State

Entity Name: LANSBROOK FINANCIAL INC

Current Principal Place of Business:

8407 US HWY 19
SUITE 100
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

8407 US HWY 19
SUITE 100
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 26-3963820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIGHNER, MARK R
8047 US HWY 19
SUITE 100
PORT RICHEY, FL 34668 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: STEIGHNER, MARK R
Address: 1217 US HWY 19
City-St-Zip: HOLIDAY, FL 34691 US

Title: D () Delete
Name: COUTO, TERRY
Address: 1217 US HWY 19
City-St-Zip: HOLIDAY, FL 34691 US

Title: D (X) Delete
Name: BLAKE, FRED
Address: 1217 US HWY 19
City-St-Zip: HOLIDAY, FL 34691 US

Title: D () Delete
Name: MICHAEL, DEBOER
Address: 1217 US HWY 19
City-St-Zip: HOLIDAY, FL 34691 US

Title: S () Delete
Name: BUREK, BRIAN A
Address: 1217 US HWY 19
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: STEIGHNER, MARK R
Address: 1217 US HWY 19
City-St-Zip: HOLIDAY, FL 34691 US

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

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

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

Title: D (X) Change () Addition
Name: BUREK, BRIAN A
Address: 1217 US HWY 19
City-St-Zip: HOLIDAY, FL 34691

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: MARK STEIGHNER

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date