

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36844

Entity Name: L B PROPERTIES, INC.

FILED  
Jul 01, 2004  
Secretary of State

**Current Principal Place of Business:**

115 EAST SOUTH STREET  
GALESBURG, IL 61401

**New Principal Place of Business:**

**Current Mailing Address:**

115 EAST SOUTH STREET  
GALESBURG, IL 61401

**New Mailing Address:**

FEI Number: 37-1272792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEISS, ROBERT A.  
118 NORTH GADSDEN STREET  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: FIKE, DONALD E.,  
Address: 129 VALLEY VIEW ROAD  
City-St-Zip: GALESBURG, IL 61401

Title: ASD ( ) Delete  
Name: FIKE, MARIE T.,  
Address: 129 VALLEY VIEW ROAD  
City-St-Zip: GALESBURG, IL 61401

Title: S ( ) Delete  
Name: COX, VERNA J.,  
Address: 303 S. WASHINGTON  
City-St-Zip: ABINGDON, IL 61410

Title: TD ( ) Delete  
Name: ADKINS, NICHOLAS L  
Address: 4015 TALUS COURT  
City-St-Zip: PEORIA, IL 61615

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONALD E. FIKE

PRES

07/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date