


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P39347 1. Entity Name LCS CORRECTIONS SERVICES, INC.	
--	---

Principal Place of Business 147 EASY ST LAFAYETTE, LA 70506 US	Mailing Address 147 EASY ST LAFAYETTE, LA 70506 US
--	--



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 72-1161535	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE RD.
STE 100
CLEARWATER, FL 33763

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEBLANC, PATRICK L. 147 EASY ST LAFAYETTE, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEBLANC, MICHAEL W. 147 EASY ST LAFAYETTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOTTLIEB, RICHARD 2475 ENTERPRISE #100 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROHRBAUGH, ALBERT 80 ROGERS ST PH-A CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOTTLIEB, JERRY 2475 ENTERPRISE #100 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000224224
02/10/05-80078-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/05

Date

337-234-1533

Daytime Phone #