


**2005 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000014269 1. Entity Name L.S.T., INC.	
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Principal Place of Business 1341 SW DEKLE ROAD LAKE CITY, FL 32024 US	Mailing Address 1341 SW DEKLE ROAD LAKE CITY, FL 32024 US
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**DO NOT WRITE IN THIS SPACE**



01152005	00000000000000000000	00000000000000000000
4. FEI Number 59-3302618	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	NON-RECEIVED

6. Name and Address of Current Registered Agent

SMITH, LEWARD N  
1341 SW DEKLE ROAD  
LAKE CITY, FL 32024

**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 \_\_\_\_\_ (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: <input type="checkbox"/> \$5.00	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LEWARD N 1341 SW DEKLE ROAD LAKE CITY, FL 32024
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11. **DO NOT WRITE  
IN THIS SPACE**

11/28/05-80038-014 150.00

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: Leward N. Smith - LEWARD N SMITH 1-26-05 - 386-752-9562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #