


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P95000040035 1. Entity Name LCI, INC. OF MARGATE |  |
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|--|--|
| Principal Place of Business 11011 SHERIDAN ST., STE 310 COOPER CITY, FL 33026 US | Mailing Address 11011 SHERIDAN ST., STE 310 COOPER CITY, FL 33026 US |
|--|--|



01112006 No Chg-P CRZE034 (11/05)

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| | |
|---|--------------------------------|
| 4. FEI Number 65-0599435 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

PERRY, THOMAS W
11011 SHERIDAN ST., STE 310
COOPER CITY, FL 33026

**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, 2006 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 | PT PERRY, THOMAS W 641 CYPRESS POINTE DR W PEMBROKE PINES, FL 33027 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS LINDA, CLAYTON A 641 CYPRESS POINTE DR W PEMBROKE PINES, FL 33027 |
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04/21/06-80033-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: THOMAS W. PERRY 4/5/06 954-517-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #