2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000075958

1. Entity Name
LBP WAREHOUSE MANAGEMENT, INC.

Principal Place of Business
6730 EPPING FORETST WAY N
STE 107
JACKSONVILLE, FL 32217 US

Mailing Address
6730 EPPING FOREST WAY N
STE 107
JACKSONVILLE, FL 32217 US

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3339838 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

POLLAK, LEWIS B
6730 EPPING FOREST WAY N
SUITE 107
JACKSONVILLE, FL 32217

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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04/05/04-80056-020 37.50

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POLLAK, LEWIS B
STREET ADDRESS	6730 EPPING FOREST WAY N, STE 107
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lewis B. Pollak Jr. 4/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #