


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000075958 1. Entity Name LBP WAREHOUSE MANAGEMENT, INC.	
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Principal Place of Business 6730 EPPING FOREST WAY N STE 107 JACKSONVILLE, FL 32217 US	Mailing Address 6730 EPPING FOREST WAY N STE 107 JACKSONVILLE, FL 32217 US
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DO NOT WRITE IN THIS SPACE

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3339838	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 POLLAK, LEWIS B 6730 EPPING FOREST WAY N SUITE 107 JACKSONVILLE, FL 32217	DO NOT WRITE IN THIS SPACE
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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 May Be Added to Fees	UN00000226106 02/12/05-80002-013 50.00
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10. OFFICERS AND DIRECTORS		UN00000226106 02/12/05-80002-014 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLAK, LEWIS B 6730 EPPING FOREST WAY N, STE 107 JACKSONVILLE, FL 32217	UN00000226106 02/12/05-80002-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Lewis B. Pollak 3/10/05

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