2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90201 018 ***150.00

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1. Entity Name
LBJ INVESTMENTS INC

Principal Place of Business	Mailing Address
901 PROGRESSO DR. L8 FT. LAUDERDALE, FL 33304 US	901 PROGRESSO DR. L8 FT. LAUDERDALE, FL 33304 US

DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0628701

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~HOLLANDER, BRUCE P.A.~~
~~901 S STATE ROAD 7~~
~~PENTHOUSE 6~~
~~HOLLYWOOD, FL 33023~~

RICHARD K. INGLIS PA
2455 E. SUNRISE BLVD
320
FT LTD FL 33304

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

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

10. OFFICERS AND DIRECTORS

TITLE	~~DP~~ D
NAME	SNIDER, JUANITA J
STREET ADDRESS	901 PROGESSO DRIVE UNIT U10
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	PST
NAME	JOHNSON, ELIZABETH E
STREET ADDRESS	901 PROGESSO DRIVE UNIT U1
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	SNIDER, CLIFTON J
STREET ADDRESS	901 PROGESSO DRIVE UNIT U10
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	~~D~~ VP D
NAME	NAHABEDIAN, BENJAMIN H
STREET ADDRESS	901 PROGESSO DRIVE UNIT U1
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	VP
NAME	SHERRY S. CLEMENS
STREET ADDRESS	2543 OKEECHOBEE LN
CITY-ST-ZIP	FT LTD 33312
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: Elizabeth E. Johnson 954-525-3289 4-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Corporate Phone #