

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055511

FILED
Apr 27, 2004
Secretary of State

Entity Name: LB MANUFACTURING, INC.

Current Principal Place of Business:

2109 HICKORY TREE RD
SAINT CLOUD, FL 34772 US

New Principal Place of Business:

2109 OLD HICKORY TREE RD
SAINT CLOUD, FL 34772 US

Current Mailing Address:

2109 HICKORY TREE RD
SAINT CLOUD, FL 34772 US

New Mailing Address:

2109 OLD HICKORY TREE RD
SAINT CLOUD, FL 34772 US

FEI Number: 59-3388052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, THEODORE A
6233 ST IVES BLVD
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HAMMOND, THEODORE A
Address: 6233 ST. IVES BLVD
City-St-Zip: ORLANDO, FL 32822

Title: S () Delete
Name: HAMMOND, CAROL J
Address: 6233 ST. IVES BLVD
City-St-Zip: ORLANDO, FL 32822

Title: COO () Delete
Name: JANZ, GARY
Address: 21333 ROYAL TROON DRIVE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY JANZ

COO

04/27/2004

Electronic Signature of Signing Officer or Director

Date