

**2009 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000040228

1. Entity Name

LRF BUSINESS SOLUTIONS, INC.



Principal Place of Business

211 N.W. TENTH AVENUE  
GAINESVILLE, FL 32601

Mailing Address

P.O. BOX 142164  
GAINESVILLE, FL 32614-2164

**FILED**

09 JUN 11 AM 5:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3452595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

POLKE, CLARENCE  
211 N.W. TENTH AVENUE  
GAINESVILLE, FL 32601

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME POLKE, JACQUELENE R  
STREET ADDRESS 211 NW. TENTH AVE.  
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE VPM  
NAME POLKE, CLARENCE E  
STREET ADDRESS 211 N.W TENTH AVE.  
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800157042678  
06/11/09--01055--002 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Clarence E. Polke* 4/28/09 352-371-3570