2004 FOR PROFIT CORPORATION

SIGNATURE:

Feb 11, 2004 08:00 AM **ANNUAL REPORT** Secretary of State **DOCUMENT # P98000047095** 1. Entity Name LB & M DEVELOPMENT, INC. Principal Place of Business Mailing Address 799 OVERLOOK DR. P.O. BOX 2939 WINTER HAVEN, FL 33883 WINTER HAVEN, FL 33884 US 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3545638 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCOY, JOHN A DO NOT WRITE 799 OVERLOOK DR. WINTER HAVEN, FL 33884 IN THIS SPACE 8. The above named entity sugmits 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 -04 ure required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000046330 Trust Fund Contribution. Added to Fees 02/11/04-80098-010 150.00 OFFICERS AND DIRECTORS 10. DPS TITLE MCCOY, JOHN A NAME STREET ADDRESS 799 OVERLOOK DR. WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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)(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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED