

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90054 005 \*\*\*150.00

**DOCUMENT # P98000050159**

1. Entity Name  
L B & R HOLDINGS, INC.



Principal Place of Business  
1401 COURT ST  
CLEARWATER, FL 33756

Mailing Address  
1401 COURT ST  
CLEARWATER, FL 33756



03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3514311

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KINDT, MICHAEL D  
1401 COURT ST  
CLEARWATER, FL 33756

**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, 2008 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 LEWIS, MICHAEL E  
STREET ADDRESS 1401 COURT ST  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE VP  
NAME BIRCH, DOUGLAS R  
STREET ADDRESS 1401 COURT ST  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE T  
NAME GILMAN, CRAIG A  
STREET ADDRESS 1401 COURT ST  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE S  
NAME KINDT, MICHAEL  
STREET ADDRESS 1401 COURT ST  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE D  
NAME RICARDO, RONALD M  
STREET ADDRESS 1401 COURT ST  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE D  
NAME MILLS, KATHLEEN  
STREET ADDRESS 1401 COURT ST  
CITY-ST-ZIP CLEARWATER, FL 33756

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/4/2008

Date

Daytime Phone #

Douglas R Birch