



FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90336 005 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000022023					
1. Entity Name LCSI PUBLISHING CO.					
Principal Place of Business Len Charnley Slack 8601 Beach Blvd. #802 Jacksonville, FL 32216			Mailing Address Len Charnley Slack 8601 Beach Blvd. #802 Jacksonville, FL 32216		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3562196			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SLACK, LEONARD C 7635 UNIVERSITY PARK BLVD 8601 BEACH BLVD JACKSONVILLE, FL 32208-0738 #802 <i>32216</i>			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLACK, LEONARD C		NAME		
STREET ADDRESS	7635 UNIVERSITY PARK BLVD #802		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208-0738		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	8601 BEACH BLVD		NAME		
STREET ADDRESS	#802		STREET ADDRESS		
CITY-ST-ZIP	32216		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 officers empowered.					
SIGNATURE: 			Date: 4-28-04 (904) 620-8683		
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER/DIRECTOR			Date		

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