## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # P99000033979 02-15-2007 90035 050 \*\*\*150.00 LANSBURGH TRADING, INC. Principal Place of Business Mailing Address 2375 N.E. 30TH COURT 2375 N.E. 30TH COURT LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02132007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0912851 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANSBURGH, MORRIS Street Address (P O Box Number is Not Acceptable) 2375 N.E. 30TH COURT LIGHTHOUSE POINT, FL 33064 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution П Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete TOTLE LANSOURGH, MORRIS (CORRECT SPELLING) LONSBURGH, MORRIS NAME NAME STREET ADDRESS 2375 NE 30TH CT STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE LANSBURGH, CHERYL NAME NAME STREET ADDRESS 2375 NE 30TH CT STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL. 33064 CITY-ST-ZIP LANSBURGH, JUSTIN VILE PRESIDENT 2375 N.E. 30th CT. Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP LIGHTHOUSE POINT, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP □ Detele TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Feb 15, 2007 8:00 am