2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 14, 2005 8:00 am **Secretary of State** DOCUMENT # P99000053897 01-14-2005 90011 019 ***150.00 LUSBY PROPERTIES, INC. Principal Place of Business Mailing Address 1341 LEOLA AVENUE 1341 LEOLA AVENUE 50002762 LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business 1341 LCO/A 3. Mailing Address 01052005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For -low da kel 59-3588423 Not Applicable \$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 LUSBY, JOHN E 1341 LEOLA AVENUE Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33809 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Addition NAME LUSBY, JOHN E NAME STREET ADDRESS 1341 LEOLA AVENUE STREET ADDRESS 3381*0* CITY-ST-71P LAKELAND, FL 33809 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME LUSBY, PATRICIA R NAME STREET ADDRESS 1341 LEOLA AVENUE STREET ADDRESS 33810 CITY-ST-ZIP LAKELAND_FL_33809 CITY ST - ZIP-TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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

ME OF SIGNING OFFICER OF DIRECTOR

changed, or on an attachment with an address

SIGNATURE AND

SIGNATURE:

FILED

863-712-4196

Date