

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000053897

1. Entity Name
LUSBY PROPERTIES, INC.



Principal Place of Business

1341 LEOLA AVENUE
LAKELAND, FL 33809

Mailing Address

1341 LEOLA AVENUE
LAKELAND, FL 33809

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90182 001 ***150.00
01-12-2006 90182 002 ***150.00

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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3588423 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUSBY, JOHN E
1341 LEOLA AVENUE
LAKELAND, FL 33809

**DO NOT WRITE
IN THIS SPACE**

3. 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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LUSBY, JOHN E
STREET ADDRESS 1341 LEOLA AVENUE
CITY-ST-ZIP LAKELAND, FL 33810

TITLE D
NAME LUSBY, PATRICIA R
STREET ADDRESS 1341 LOELA AVENUE
CITY-ST-ZIP LAKELAND, FL 33810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

John E. Lusby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-06 863-668-5692