

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000053897

1. Entity Name
LUSBY PROPERTIES, INC.



**FILED
Jan 14, 2008 8:00 am
Secretary of State**

01-14-2008 90101 039 ***150.00

4 U U U U U U U



01072008 Chg-P CR2E034 (12/06)

Principal Place of Business
1341 LEOLA AVENUE
LAKELAND, FL 33809

Mailing Address
1341 LEOLA AVENUE
LAKELAND, FL 33809

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

10

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33810

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

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President Change Addition
NAME Lusby, John E.
STREET ADDRESS 1341 Leola Ave.
CITY-ST-ZIP Lakeland, FL 33810

TITLE Change Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08

863.712.496

Date

Daytime Phone #