


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000111106					
1. Entity Name LB TALBOT & ASSOCIATES, INC.					
Principal Place of Business 437 SW 122ND TERRACE PEMBROKE PINES, FL 33025			Mailing Address PO BOX 260638 PEMBROKE PINES, FL 33026		
2. Principal Place of Business 12101 S.W. 5th COURT Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Pembroke Pines		City & State		4. FEI Number 65-0969845	
Zip FL 33025		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TALBOT, LISA 437 SW 122ND TERRACE PEMBROKE PINES, FL 33025			7. Name and Address of New Registered Agent Name: <u>LISA TALBOT-MARSHALL</u> Street Address (P.O. Box Number is Not Acceptable) 12101 S.W. 5th COURT City: <u>Pembroke Pines</u> FL Zip Code: <u>33025</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/12/04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	P TALBOT, LISA B 437 SW 122ND TERRACE PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TALBOT-MARSHALL, LISA 12101 S.W. 5th COURT PEMBROKE PINES, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IRIZARRY, Judith 282 NE 117 Street MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300032864543 04/15/04--01033--014 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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 like empowered.					
SIGNATURE: <u>[Signature]</u>			Date: <u>4/12/04</u> Daytime Phone #: <u>454-392-721</u>		

FILED

04 APR 28 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122004 Chg-P CR2E034 (10/03)

0518

7