


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90022 049 ***150.00

DOCUMENT # V17505 1. Entity Name LSI, INC.					
Principal Place of Business 1800 THE GREENS WAY, SUITE 1702 JACKSONVILLE BEACH, FL 32250 US				Mailing Address 2032 CAPISTRANO DRIVE JACKSONVILLE, FL 32224	
2. Principal Place of Business		3. Mailing Address 1800 The Greens Way Suite, Apt. #, etc. 1702			
Suite, Apt. #, etc.		City & State Jacksonville Beach FL			
City & State		Zip 32250		Country USA	
Zip		Country		4. FEI Number 59-3111843	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent INGRAHAM, LINA S 1800 THE GREENS WAY, #1702 JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	DPT INGRAHAM, LINA S. 1800 THE GREENS WAY, #1702 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
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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>Lina Ingraham</u> <u>Pres</u> <u>3/1/04</u> <u>904-514-5384</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		