

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90096 039 ***150.00

DOCUMENT # V48133

1. Entity Name
L. B. INC.



Principal Place of Business
4556 10 AVE N
LAKE WORTH FL 33463

Mailing Address
4556 10 AVE N
LAKE WORTH FL 33463



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0344716

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURRY, JAY
2156 WHITE PINE CIR
WEST PALM BEACH FL 33415

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
BURRY, LINDA
4556 10 AVE N
LAKE WORTH FL
CITY- ST- ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Linda Burry
LINDA Burry

4-4-07

561-433-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/07

ATTACHMENT
40108912

Fla. dept. of state:
Div. of corps.

Re: LB, Inc # V48133

Enc. is my check # 1790 dated 4-22-07
I had left all of this with a trusted employee,
So I thought, as he failed to take care of
this and mail it for me, as I was out
of town since Mar. 25, 07 on a family
emergency which I felt would only be
for 2 weeks or less but my mother got
worse and I had to stay much longer
plus upon my return 5/6/07 I find he
did not take care of business I am so
upset & frantic I do not know what to do
almost with this plus other bills he failed to
take care of and on top of it my mom's health
issue and I have never been late
and that upsets me to think it was out of
my hands which I really hate and then amongst
this mess he quit I could see why now.
Please help
Linda Burns