


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000054082**  
 1. Entity Name  
**L & S ENTERPRISES OF LAKE COUNTY INC**



Principal Place of Business 48025 SEVENTH ST ALTOONA, FL 32702	Mailing Address P.O. BOX 713 ALTOONA, FL 32702
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07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-3249219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GARNER, HOWARD L  
 48025 SEVENTH ST  
 ALTOONA, FL 32702

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARNER, HOWARD L P.O. BOX 713 ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GARNER, SANDRA L P.O. BOX 713 ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANER, TIMOTHY L PO BOX 713 ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

07/09/04-00007-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Howard L. Garner 7-7-04 352-669-6593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/line Phone #