

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131313

FILED  
Mar 31, 2006  
Secretary of State

Entity Name: LRMEM, INC.

**Current Principal Place of Business:**

PO BOX 271046  
TAMPA, FL 336881046

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 271046  
TAMPA, FL 336881046

**New Mailing Address:**

FEI Number: 20-2908054      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATSKO, JOSEPH T ESQ  
2620 W KENNEDY BLVD  
TAMPA, FL 336091046 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: GAYNOR, ELLEN T  
Address: PO BOX 271046  
City-St-Zip: TAMPA, FL 336881046

Title: VD ( ) Delete  
Name: GAYNOR, MICHAEL  
Address: PO BOX 271046  
City-St-Zip: TAMPA, FL 336881046

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN T. GAYNOR

PSTD

03/31/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date