


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 443030</b> 1. Entity Name L.R.P., INC.	
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Principal Place of Business 10579 CASTLEBAR GLEN DR S. JACKSONVILLE, FL 32256	Mailing Address 509 BROXTON HWY FITZGERALD, GA 31750
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**DO NOT WRITE IN THIS SPACE**



03132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1583099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BIRMELIN, ROBERT JR.  
10579 CASTLEBAR GLEN DR S.  
JACKSONVILLE, FL 32256

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resetting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BIRMELIN, ROBERT C JR 10579 CASTLEBAR GLEN DR S. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BIRMELIN, PHILIP S 10579 CASTLEBAR GLEN DR S. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIRMELIN, ANGELA V 10579 CASTLEBAR GLEN DR S. JACKSONVILLE, FL 32256
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03/16/05-80008-012 150.00

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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:**  **3-10-05** **222-423-5289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #