


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 629685	
1. Entity Name L & M EQUITIES, INC.	
	
Principal Place of Business 200 E. GRANADA BLVD SUITE 200 ORMOND BEACH, FL 32176 US	Mailing Address 200 E. GRANADA BLVD. SUITE 200 ORMOND BEACH, FL 32176 US



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1973730	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

FOUND, DAVID L PRES.
2037 COUNTRY CLUB DRIVE
DAYTONA BEACH, FL 32128

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST FOUND, DAVID L PRES 2037 COUNTRY CLUB DR DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOUND, KEN W VICE-PR 189 KENT ST W LINDSAY, ON K9V5G6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENQUIST, GWEN L 7214 ABBOTSFORD ST POWELL RIVER, BC V8A2G2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOUND, GISELE G VICE-PR 2037 COUNTRY CLUB DR DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000693217
04/16/07-80031-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-2007