## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 27, 2005 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of Sta			
DOCU	MENT # 679679		1			ny or Su	
1. Entity Name LR 3 ENTERPRISES, INC.				ļ			
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Principal Plac	ce of Business	Mailing Address	·	1			
	ATLAND AVE. FL 32751-3317	1535 N. MIATLAND AVE. MAITLAND, FL 32751-3317					
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г	O NOT WRITE	CF	01252005	No Chg-P	CR2E034 (1		
li	O NO! WILL	<b>-</b>	4. FEI Number 59-202		}	Applied For Not Applicable	
				5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current R	egistered Agent		* **** ***** ****			
REGISTE	R, LLOYD E		DO	NOT W	DITE		
1535 N. MAITLAND AVE. MAITLAND, FL 32751			<u> </u>				
MALICATION	D, 1 L 32731			IN 7	THIS SF	ACE	
			L. www.commen	e Tarana	g community materials to a com-	77. N. C	
	e named entity submits this statement for titions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bot	h, in the State of Flo	orida. I am familia	r with, and accept
-							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered			d Agent signature required	when reinstating)		DATE	
FILE NOWI!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS			<u> </u>		· ·
NAME	PCD REGISTER, LLOYD E		=		Honoo	1100043	
STREET ADDRESS	507 FORESTWOOD CT.		j		U00000 01/28/05-	80004-025	158.75
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TITLE NAME	DST PACE, ERICK		}				
STREET ADDRESS	į.			**		-	
TITLE	MAITLAND, FL DV						
NAME	REGISTER, LLOYD E IV		Ì				
STREET ADDRESS CITY-ST-ZIP	1535 N. MAITLAND AVENUE MAITLAND, FL		İ	DO	<b>NOT W</b>	RITE	
TITLE	MAIT LAND, FL		. w. 9-7 . & - g- <del>- 10 (10 )</del>	H. ret	THIS SF		
NAME			1	[ F1]	inio or	ACE	)
STREET ADDRESS CITY-ST-ZIP				Supremum Control Audit Productions .	ر دانسه چ ده دغه پښور	الم جندية سي	
TITLE			and the second s	ris et e	;	•	
NAME CYPELL ADDRESS			ĺ				
STREET ADDRESS CITY-ST-ZIP					e effective and the second of	manage of the same	
TIFLE			1				
NAME STREET ADDRESS							

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 407-760-7770 Cale Daytime Phone #