




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 679679 1. Entity Name L R 3 ENTERPRISES, INC.			
Principal Place of Business 1535 N. MAITLAND AVE. MAITLAND, FL 32751-3317		Mailing Address 1535 N. MAITLAND AVE. MAITLAND, FL 32751-3317	
<h2>DO NOT WRITE IN THIS SPACE</h2>		 02032006 No Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent REGISTER, LLOYD E 1535 N. MAITLAND AVE. MAITLAND, FL 32751		4. FEI Number 59-2025250	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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.		<h2>DO NOT WRITE IN THIS SPACE</h2>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1000000426921 02/20/06-80063-009 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD REGISTER, LLOYD E 507 FORESTWOOD CT. MAITLAND, FL	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PACE, ERICK 1535 N MAITLAND AVENUE MAITLAND, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REGISTER, LLOYD E IV 1535 N. MAITLAND AVENUE MAITLAND, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Erick Pace 2/3/06 407/260-2220	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	