

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000471

Entity Name: L & L ASSOCIATES, INC.

FILED
Mar 02, 2005
Secretary of State

Current Principal Place of Business:

4448 TIDEWATER DRIVE
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51143
KNOXVILLE, TN 379501143

New Mailing Address:

FEI Number: 62-1642044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, LILLIAN T
4448 TIDEWATER DRIVE
ORLANDO, FL 32812 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: CP () Delete
Name: HALL, LILLIAN T
Address: 4448 TIDEWATER DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: EVP () Delete
Name: HALL, LINCOLN E
Address: 4448 TIDEWATER DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: DS () Delete
Name: BUNNELL, KATHLEEN H
Address: 2888 OLD CASTLE
City-St-Zip: WINTER PARK, FL 32879

Title: DT () Delete
Name: MAZZONETTO, MICHELLE H
Address: 325 HAZELNUT COURT
City-St-Zip: WINTER SPRINGS, FL 32806

Title: D () Delete
Name: STRAWN, DAVID
Address: 1000 SO ORLANDO AVE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MC DANIEL, DON
Address: 254 ROYAL OAKS DR.
City-St-Zip: MARYVILLE, TN 37801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: LILLIAN T. HALL

Electronic Signature of Signing Officer or Director

CP

03/02/2005

_____ Date