

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # F07000002905

1. Entity Name
LOUISIANA LIFE & EQUIPMENT, INC.



Principal Place of Business
6847 GREENWOOD RD.
SHREVEPORT, LA 71119

Mailing Address
P. O. BOX 3869
SHREVEPORT, LA 71133-3869



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-0893905

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TAPE, KURT W
205 BLUE LAKE RD.
SANTA ROSA BCH, FL 32459

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000822654
02/20/08-80005-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAPE, LARRY T
STREET ADDRESS	424 ASPEN LANE
CITY-ST-ZIP	COVINGTON, LA 70433
TITLE	V
NAME	MULLIGAN, JOHN J
STREET ADDRESS	245 FAIRFIELD OAKS DR.
CITY-ST-ZIP	MADISONVILLE, LA 70447
TITLE	S
NAME	STOCKSTILL, SHARMAN
STREET ADDRESS	424 ASPEN LANE
CITY-ST-ZIP	COVINGTON, LA 70433
TITLE	T
NAME	CROSBY, STEPHEN H
STREET ADDRESS	438 GRAND OAKS DR.
CITY-ST-ZIP	SHREVEPORT, LA 71106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 807, 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:

Stephen H. Crosby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Crosby 2/6/08 318-631-5100
Date Daytime Phone #