

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49846

Entity Name: P AND L CONSULTANTS, INC.

FILED  
Jan 08, 2008  
Secretary of State

**Current Principal Place of Business:**

5820 LUZON PL.  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

5820 LUZON PL.  
ORLANDO, FL 32839

**New Mailing Address:**

FEI Number: 59-2152047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASTRO, MARCIA C.  
5215 TILDENS GROVE BLVD  
WINDERMERE, FL 34786      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: ST      ( ) Delete  
Name: CASTRO, PEDRO J,  
Address: 1302 CASLTE PORT RD.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VS      ( ) Delete  
Name: CASTRO, LOURDES,  
Address: 1302 CASTLE PORT RD.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: P      ( ) Delete  
Name: CASTRO, MARCIA C P  
Address: 5215 TILDENS GROVE BLVD  
City-St-Zip: WINDERMERE, FL 34786

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARCIA CASTRO-SOCAS

PD

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date