

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H08106**

1. Entity Name  
**L & L TRADING CO., INC.**



Principal Place of Business  
**C/O WALTER E. BLESSEY JR.  
P O BOX 23212  
HARAHAN, LA 70183 US**

Mailing Address  
**C/O WALTER E. BLESSEY JR.  
P O BOX 23212  
HARAHAN, LA 70183 US**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2511331</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**BLESSEY, WALTER E., JR.  
LOT 15-HIGHLAND AVE; BCH. HIGHLAND SUBD  
WALTON COUNTY, 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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

000000589481  
01/18/07-80018-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, STOVER L., JR. % 2700 NAPOLEAN AVE. NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLESSEY, WALTER E. 5546 DAYNA COURT NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLESSEY, WALTER E., JR. LOT 15-HIGHLAND AVE WALTON COUNTY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, NEAL RT 2 BOX 7360 SANTA ROSA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOSS, PATRICK W. 1515 RIVER OAKS ROAD EAST HARAHAN, LA 70123
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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patrick W. Voss*

**Patrick W. Voss, CFO 01/09/2007**

Date

**(504)734-1156**

Daytime Phone #