## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46457

FILED Apr 29, 2009 Secretary of State

Entity Name: B & L SERVICES, OF SARASOTA, INCORPORATED

Current B	rineinal Blace	of Business	New Principal Place	of Pusiness	
8712 PEG( C/O LISA S	rincipal Place BY AVENUE BILVESTRI A, FL 34231	US	New Principal Place	or business:	
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
C/O LISA S	GY AVENUE BILVESTRI A, FL 34231	US			
FEI Number:	65-0083934	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	I, LISA GY AVENUE A, FL 34231	US			
	named entity s of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUF					
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () SILVESTRI, WII 8712 PEGGY A' SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () SILVESTRI, LIS 8712 PEGGY A' SARASOTA, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: LISA SILVESTRI DST 04/29/2009