

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # K90116</b>  |  |
| 1. Entity Name<br><b>L &amp; R HEAVY EQUIPMENT REPAIR SERVICE, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1500 STATE ROAD 630 WEST<br/>FORT MEADE FL 33841</b> | Mailing Address<br><b>1500 STATE ROAD 630 WEST<br/>FORT MEADE FL 33841</b> |
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|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
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| City & State | City & State |
|--------------|--------------|

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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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| 6. Name and Address of Current Registered Agent |  | 7. Name and Address of New Registered Agent |  |
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| MORRISON, JOSEPH A. ESQUIRE<br>5410 SOUTH FLORIDA AVENUE<br>SUITE D<br>LAKELAND FL 33813 |  | Name |  |
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| Street Address (P.O. Box Number is Not Acceptable) |  | City |  |
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| Zip Code |  | FL |  |
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| 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. |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
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| SIGNATURE |  | DATE |  |
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| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
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| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|--|---|--|

|       |   |                   |                                 |
|-------|---|-------------------|---------------------------------|
| TITLE | D | LAZORKO, LOUIS J. | <input type="checkbox"/> Delete |
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| STREET ADDRESS | 1355 LANIER ROAD |  |  |
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| CITY-ST-ZIP | FORT MEADE FL |  |  |
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| TITLE | DST | LAZORKO, ANNA B. | <input type="checkbox"/> Delete |
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| STREET ADDRESS | 1355 LANIER ROAD |  |  |
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| TITLE | D | LAZORKO, RAYMOND L | <input type="checkbox"/> Delete |
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| STREET ADDRESS | 301 N. ORANGE AVE |  |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Louis J. Lazorko</i> | <i>Louis J. Lazorko</i> | <i>1/28/04</i> | <i>863-285-8861</i> |
|------------------------------------|-------------------------|----------------|---------------------|



MOORE CR2E034 (11/03)

|               |            |             |                          |
|---------------|------------|-------------|--------------------------|
| 4. FEI Number | 59-2951127 | Applied For | <input type="checkbox"/> |
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| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
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