

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L51134**

1. Entity Name

LMSS INVESTMENTS, INC.



Principal Place of Business

28840 BEECHNUT RD.  
TAVARES FL 32778

Mailing Address

28840 BEECHNUT RD.  
TAVARES FL 32778

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2995076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEINER, LAWRENCE R.  
797 DOUGLAS AVENUE  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME PLANTE, LAWRENCE D., III  
STREET ADDRESS 28840 BEECHNUT RD.  
CITY- ST- ZIP TAVARES FL 32778

TITLE DT ☐ Delete  
NAME PLANTE, STEPHEN M.  
STREET ADDRESS 28840 BEECHNUT RD.  
CITY- ST- ZIP TAVARES FL 32778

TITLE DS ☐ Delete  
NAME PLANTE, MICHAEL C.  
STREET ADDRESS 28840 BEECHNUT RD.  
CITY- ST- ZIP TAVARES FL 32778

TITLE DVP ☐ Delete  
NAME PLANTE, SUSAN M.  
STREET ADDRESS 28840 BEECHNUT RD.  
CITY- ST- ZIP TAVARES FL 32778

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME 000000234248  
STREET ADDRESS 02/18/05-80013-009 150.00  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

*Susan M Plante* Susan M Plante 2/15/2005 352-343-8976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #