

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70621

Entity Name: LRM SERVICES, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

%LARRY R. MORPHIS
10347 WILD TURKEY
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

%LARRY R. MORPHIS
10347 WILD TURKEY
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0188146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORPHIS, LARRY R.
10347 WILD TURKEY
BONITA SPRINGS, FL 34135 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: PTD () Delete
Name: MORPHIS, LARRY R.,
Address: 10347 WILD TURKEY
City-St-Zip: BONITA SPRINGS, FL

Title: VSD () Delete
Name: MORPHIS, DORIS D.,
Address: 10347 WILD TURKEY
City-St-Zip: BONITA SPRINGS, FL

Title: V () Delete
Name: SMITH, RICHARD
Address: 6824 LONG KEY ST
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: FLORA, JOSHUA
Address: 4552 SAN ANTONIO ST
City-St-Zip: BONITA SPRINGS, FL 34134

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:

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: LARRY MORPHIS

PTD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date