2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2005 8:00 am Secretary of State

1. Entity Nam L & F CLU	ne	# N 1347U		s' "	•			ž die	02-17-20	005 90019	9 037 ****	'70.00
Principal Plac 339 NE SANI OCALA, FL 3	CHEZ AVE	POB	Mailing Address P 0 B0X 5424 OCALA, FL 34478 US				40019514					
2. Principal Place of Business 3.				3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				01122005	Chg-NP	CR2E	037 (10/03)	
City & State			City	City & State				4. FEI Numbe NOT AF	PPLICABLE			oplied For of Applicable
Zip	Country		Zip	Zip Cox		untry					\$8.75 Add	
	6. Name	and Address of Curre	nt Registered	Agent				7. Name and	Address of New	v Registered	Agent	
TOLLER	RONALD G	2				Name						
TOLLER, RONALD G 8115 SW 76 AVENUE OCALA EL 34476-6061					Street Address (P.O. Box Number is Not Acceptable)							
OCALA, FL 34476-6961						City						
						City FL Zip Code						
	e named entity tions of registe	submits this statement ered agent.	t for the purpo	se of changing i	ts register	ed office or	registere	d agent, or bot	th, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE .												
SIGNATORE .	Signature, typed	or printed name of regutered ago	ent and tate if appli	cable. (NC	OTE: Register	ed Agent signatu	ure required v	hen reinstating)		DATE		
	Filing Fee	e is \$61.25 lay 1, 2005		9. Election Co Trust Fund	ampaign f Contribut	Financing tion.		\$5.00 May B	F	Make che lorida Depi	ck payable t	tate
10.	Filling Fed Due by M	e is \$61.25		9. Election Co Trust Fund	ampaign I Contribut	Financing tion.	□ ,	\$5.00 May B		Make che lorida Depi	PRECTORS IN	tate 1 10
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12. I hereby certify that the information supplied with this filling 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 617, 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:	Rowlet	29/	Tella	RUNALOG.	Tours	. PALS.	2/14/05	(352)841-8	749
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #		