2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90101 005 ***150.00

DOCUMENT # P00000039986

1. Entity Name
L.C.C. SERVICES, INC.

Principal Place of Business	Mailing Address
781 OSPREY DR PORT ORANGE, FL 32127	781 OSPREY DR PORT ORANGE, FL 32127

01202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.: 366 CANAL RD		Suite, Apt. #, etc.: 366 CANAL RD	
City & State: NEW SMYRNA BEACH, FL		City & State: NEW SMYRNA BEACH, FL.	
Zip: 32168	Country:	Zip: 32168	Country:

4. FEI Number: 59-3641606 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CARUSO, LOUIS C~~ L.C.C. SERVICES, INC. PORT ORANGE, FL 32127	Name: LOUIS C CARUSO Street Address (P.O. Box Number is Not Acceptable): 366 CANAL RD City: NEW SMYRNA BEACH FL Zip Code: 32168

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT CARUSO, LOUIS C 781 OSPREY DR PORT ORANGE, FL 32127	☐ Delete	TITLE PVT NAME STREET ADDRESS CITY-ST-ZIP	CARUSO, LOUIS C 366 CANAL RD NEW SMYRNA BEACH, FL 32168	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARUSO, LOUIS C 781 OSPREY DR PT ORANGE, FL 32127	☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	CARUSO, LOUIS C 366 CANAL RD NEW SMYRNA BEACH, FL 32168	XX Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #