
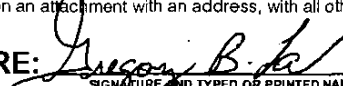


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90001 032 ***550.00

DOCUMENT # P00000055309		
1. Entity Name L&G GENERAL SERVICES, INC.		
Principal Place of Business 8176 NW COUNTY RD 152 JENNINGS FL 32053		Mailing Address 8176 NW COUNTY RD 152 JENNINGS FL 32053
2. Principal Place of Business L&G General Services Inc		3. Mailing Address 8176 N.W. CR 152
Suite, Apt. #, etc. 8176 N.W. CR 152	Suite, Apt. #, etc.	
City & State Jennings Florida	City & State Jennings, Florida	
Zip 32053	Country Hamilton	Zip 32053
6. Name and Address of Current Registered Agent LAW, GREG 8176 NW COUNTY RD 152 JENNINGS FL 32053		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LAW, GREGORY B 8176 NW COUNTY RD 152 JENNINGS FL 32053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAW, THELVA LYNN 8176 NW COUNTY RD 152 JENNINGS FL 32053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, ERIC 6302 NW 30 WAY JENNINGS FL 32053 <input type="checkbox"/> Delete New Address	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition D LAW ERIC 8114 N.W. CR. 152 Jennings FL 32053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-8-05 3869385533 Date Daytime Phone #

