

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062501

Entity Name: L & T INNOVATIONS, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

1036 NODDING PINES WAY
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1036 NODDING PINES WAY
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3656592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, THOMAS
1036 NODDING PINES WAY
CASSELBERRY, FL 32707

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: PT () Delete
Name: BURKE, THOMAS
Address: 1036 NODDING PINES WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: VPS () Delete
Name: BURKE, LINDA
Address: 1036 NODDING PINES WAY
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: THOMAS BURKE

PT

04/30/2004

Electronic Signature of Signing Officer or Director

Date