

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90027 018 ***150.00

DOCUMENT # P00000067479

1. Entity Name
L & M ACCOUNTING, INC.



Principal Place of Business
2804 DEL PRADO BLVD
209
CAPE CORAL, FL 33904

Mailing Address
2804 DEL PRADO BLVD
SUITE 209
CAPE CORAL, FL 33904

40047433



2. Principal Place of Business - No P.O. Box #
2528 Sawgrass Lake Ct
Suite, Apt. #, etc.

3. Mailing Address
2528 Sawgrass Lake Ct
Suite, Apt. #, etc.

03132008 Chg-P CR2E034 (12/06)

City & State
Cape Coral, FL
Zip
33909 Country
USA

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Cape Coral, FL
Zip
33909 Country
USA

4. FEI Number
65-1024950 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARCINKIEWICZ, LILLIANE A
2804 DEL PRADO BLVD
209
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name
Lillian Marcinkiewicz
Street Address (P.O. Box Number is Not Acceptable)
2528 Sawgrass Lake Ct
City
Cape Coral FL Zip Code
33909

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 3/12/08
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARCINKIEWICZ, LILLIANE A
2528 SAWGRASS LAKE CT
CAPE CORAL, FL 33909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 exemptions contained 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 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: DATE 3/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR