2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

ANNUAL REPORT							
1. Entity Nam	MENT # P000000683 L P&L HOLDINGS, INC.	339			Se	ecretary of State	
67 PARK PL	ce of Business ACE EAST N, NJ 07960	Māiling Address 67 PARK PLACE EAST MORRISTOWN, NJ 07960) 		
E	OO NOT WRITE		CE	07062005 4. FEI Numb 59-365	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required.	
}	6, Name and Address of Current Re	egistered Agent				, , ,	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			DO NOT WRITE IN THIS SPACE				
8. The above the obligat SIGNATURE.	named entity submits this statement for titions of registered agent. Signature, typed or printed name of registered agent and		ed office or registe		th, in the State of Flo	rida. 1 am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND D	RECTORS			27 E 27 E 27 C		
NAME STREET ADDRESS CITY-ST-ZIP	PRES NOBLE, BOB 67 PARK PLACE EAST MORRISTOWN, NJ 07960				U0000 07/22/05	 0373986 -80003-01 8 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	VP&S VICENS, RICHARD G 67 PARK PLACE EAST MORRISTOWN, NJ 07960				- The Special Control of the Special Control	•	
NAME STREET ADDRESS CITY-ST-ZIP	ne Eet adoress		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			manager y per manager y	==	<u></u>		
TITLE NAME STREET ADDRESS		े चर्चेक = आर्क				•	

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 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

ichard G. V

7,2005