


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 A
Secretary of State

DOCUMENT # P00000073286	
1. Entity Name L & R OF VOLUSIA COUNTY, INC.	

Principal Place of Business 703 KRISTINA COURT PORT ORANGE, FL 32127-4907	Mailing Address 703 KRISTINA COURT PORT ORANGE, FL 32127-4907
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04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3662646	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE SUITE B-1 PORT ORANGE, FL 32127

**DO NOT WRITE
IN THIS SPACE**

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 _____ U000000764784
05/31/07-80009-022 150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULLER, ELIZABETH L 703 KRISTINA COURT PORT ORANGE, FL 321274907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULLER, RICHARD M 703 KRISTINA COURT PORT ORANGE, FL 321274907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000764784
05/31/07-80009-023 8.75

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IN THIS SPACE**

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: Elizabeth Fuller (Elizabeth Fuller) 4/23/07 386-
DATE DAYTIME PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR