

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
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



04242008 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 ☒ **\$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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000924405
05/16/08 80070 022 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME FULLER, ELIZABETH L
STREET ADDRESS 703 KRISTINA COURT
CITY-ST-ZIP PORT ORANGE, FL 321274907

TITLE D
NAME FULLER, RICHARD M
STREET ADDRESS 703 KRISTINA COURT
CITY-ST-ZIP PORT ORANGE, FL 321274907

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08 386-689-2527
Date Daytime Phone #