## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012234

Entity Name: L & M CONSULTANTS INC

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

211 S WESTLAND AVE. #2

TAMPA, FL 33606

Current Mailing Address: New Mailing Address:

211 S WESTLAND AVE 211 S. WESTLAND AVE

FEI Number: 59-3709235 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALTERS, MICHAEL D
211 S WESTLAND AVE. 211 S WESTLAND AVE. #2
TAMPA, FL 33606 US WALTERS, MICHAEL D
211 S WESTLAND AVE. #2
TAMPA, FL 33606 US

The above named entity culturity this statement for the nurness of changing its registered office or re

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: MICHAEL D. WALTERS 04/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 WALTERS, MICHAEL D
 Name:
 WALTERS, MICHAEL D P

 Address:
 211 S WESTLAND AVE.,UNIT 2
 Address:
 211 S WESTLAND AVE.,UNIT 2

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606

 Title:
 VP
 ( ) Delete
 Title:
 VP
 (X) Change ( ) Addition

 Name:
 WALTERS, LISA E
 Name:
 WALTERS, LISA E VP

 Address:
 211 S. WESTLAND AVE, #2
 Address:
 211 S. WESTLAND AVE, #2

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISA WALTERS VP 04/21/2009