


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000069329 1. Entity Name LS & SS SERVICES INC.	
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Principal Place of Business 1 GREY WING POINTE NAPLES, FL 34113	Mailing Address 1 GREY WING POINTE NAPLES, FL 34113
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3743536	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 SCHARENBERG, LYLE 1 GREY WING POINTE NAPLES, FL 34113
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	P SCHARENBERG, LYLE 1 GREY WING POINTE NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHARENBERG, SHARON 1 GREY WING POINTE NAPLES, FL 34113
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000698609 04/19/07-80008-024 158.75</p> DO NOT WRITE IN THIS SPACE
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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: <u>Lyle Scharenberg President 4-5-7</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Daytime Phone #</small> 239-775-5875
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