


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

3. **FILED**
Apr 22, 2005 8:00 am
Secretary of State

03-28-2005 90059 039 ***150.00

DOCUMENT # P01000080382

1. Entity Name
L & R FAMILY, INC.



Principal Place of Business
**1402 HWY 31 S
BAY MINETTE, AL 36507**

Mailing Address
**1402 HWY 31 S
BAY MINETTE, AL 36507**

00012604



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3736396

Applied For
 Not Applicable

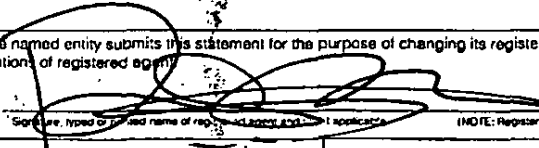
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, RASIK
1360 DINSMORE CT
NEW PORT RICHEY, FL 34655**

**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:  DATE: **03-22-05**

Signature, typed or printed name of registered agent, and address of registered agent (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May-1-2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	PATEL, RASIK
STREET ADDRESS	1360 DINSMORE CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	PO
NAME	PATEL, LATA
STREET ADDRESS	1360 DINSMORE CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	DM
NAME	PATEL, SUNNIE
STREET ADDRESS	1402 HWY 31 SOUTH
CITY-ST-ZIP	BAY MINETTE, AL 38507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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

Rasik Patel - 04/10/05
251-583-6729
02
251-937-9521
Daytime Phone #