

2004 FOR PROFIT CORPORATION ANNUAL REPORT

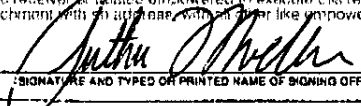
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Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90003 032 ***150.00

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07022004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000116669					
1. Entity Name L & M AUTOMOTIVE, INC.					
Principal Place of Business 304 E OAKRIDGE ORLANDO, FL 32809			Mailing Address 304 E OAKRIDGE ORLANDO, FL 32809		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3759472				Applied For (Not Applicable)	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUELLER, ARTHUR JR 350 CALDBECK WAY KISSIMMEE, FL 34758			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, from that set forth, and accept the obligations of registered agent.					
SIGNATURE _____ Signature of the principal officer or registered agent and the corporation					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04		
TITLE	VPSD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MEISSNER, ERIKA M		NAME		
STREET ADDRESS	1889 KINGS POINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MUELLER, ARTHUR J		NAME		
STREET ADDRESS	350 CALDBECK WAY		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34758		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I made under oath. 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 on Block 10 or Block 11 of this changed or on an attachment with an affidavit, which is like unpowered.					
SIGNATURE: 		8/14/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					