
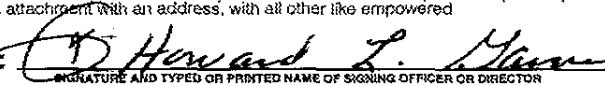


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000054082		
1. Entity Name L & S ENTERPRISES OF LAKE COUNTY INC		
Principal Place of Business 48025 SEVENTH ST ALTOONA, FL 32702		Mailing Address P.O. BOX 713 ALTOONA, FL 32702
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GARNER, HOWARD L 48025 SEVENTH ST ALTOONA, FL 32702		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARNER, HOWARD L P.O. BOX 713 ALTOONA, FL 32702	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GARNER, SANDRA L P.O. BOX 713 ALTOONA, FL 32702	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANER, TIMOTHY L PO BOX 713 ALTOONA, FL 32702	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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)(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-7-04 <small>Date</small> 352-669-6593 <small>Daytime Phone #</small>



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-3249219	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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07/09/04-00007-018 150.00

**DO NOT WRITE
IN THIS SPACE**