


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000066561</b> 1. Entity Name LF MUSSO, INC.	
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Principal Place of Business 89 SW BLACKBURN TERR #5 STUART, FL 34997	Mailing Address 89 SW BLACKBURN TERR #5 STUART, FL 34997
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**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0617604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MUSSO, LAURA F  
89 SW BLACKBURN TERR.#5  
STUART, FL 34997

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MUSSO, LAURA F 89 SW BLACKBURN TERR #5 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FILSNGER, SHIRLEY R 2929 E OCEAN BLVD 146 APT #4 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARDLE, KAREN 408 SW MEADOW TERR. PORT ST. LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/15/05-80007-013 150.00

**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: Laura F. Musso Date: 2-11-05 (772) 219-1944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #