

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000103519</b>	
1. Entity Name <b>A &amp; L PROJECTS, INC.</b>	
Principal Place of Business <b>12988 WALSINGHAM ROAD LARGO, FL 33774</b>	Mailing Address <b>12988 WALSINGHAM ROAD LARGO, FL 33774</b>



03172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0002396</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AUFFARTH, GARY G VP  
1670 JEFFORDS STREET  
CLEARWATER, FL 33756**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

DATE  
**04/03/08-80058-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	VSD
NAME	AUFFARTH, GARY G
STREET ADDRESS	1670 JEFFORDS STREET
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	PTD
NAME	LEHMAN, RICHARD A
STREET ADDRESS	912 PINE STREET
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 fee empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY G AUFFARTH 3/17/08 727-517-2436**

Date

Daytime Phone #