# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 24, 2004**
**Secretary of State**

DOCUMENT# P02000108694

**Entity Name:** L & A PUBLICATIONS, INC.

**Current Principal Place of Business:**

5900 SW 16TH COURT
PLANTATION, FL 33317

**New Principal Place of Business:**

5836 SPRUCE CREEK WOODS DRIVE
PORT ORANGE, FL 32127

**Current Mailing Address:**

5900 SW 16TH COURT
PLANTATION, FL 33317

**New Mailing Address:**

5836 SPRUCE CREEK WOODS DRIVE
PORT ORANGE, FL 32127

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOOMAR, L. GREGORY ESQ.
1152 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

KEELER, BONNIE
5836 SPRUCE CREEK WOODS DRIVE
PORT ORANGE, FL 32127 US

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.

SIGNATURE: BONNIE KEELER 06/24/2004
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: GALASCIO, LUIGI P
Address: 5900 SW 16TH COURT
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: KEELER, BONNIE
Address: 5836 SPRUCE CREEK WOODS DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Change (X) Addition
Name: KLEZMER, MARYANNE
Address: 5836 SPRUCE CREEK WOODS DRIVE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE KEELER D 06/24/2004
Electronic Signature of Signing Officer or Director Date