


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000118510</b> 1. Entity Name LLS PANGLER, INC.	
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Principal Place of Business 5501 DORMANY RD. N PLANT CITY, FL 33565	Mailing Address 5501 DORMANY RD. N PLANT CITY, FL 33565
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**DO NOT WRITE IN THIS SPACE**



02012004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1871786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  
  
SPANGLER, LINDA  
5501 DORMANY RD. N  
PLANT CITY, FL 33565

**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) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000077062 03/05/04-80027-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPANGLER, LINDA 5501 DORMANY RD. N PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPANGLER, LEON 5501 DORMANY RD. N PLANT CITY, FL 33565
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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:** *Leon Spangler* **3-3-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #