

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018334

Entity Name: L & M TRANSPORT INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

3316 SW 92ND PL
OCALA, FL 34476 US

New Principal Place of Business:

4450 SE 150TH ST
SUMMERFIELD, FL 34491 US

Current Mailing Address:

3316 SW 92ND PL
OCALA, FL 34476 US

New Mailing Address:

4450 SE 150TH ST
SUMMERFIELD, FL 34491 US

FEI Number: 02-0677386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARRON, LYNN A
3316 SW 92ND PL
OCALA, FL 34476 US

Name and Address of New Registered Agent:

MCCARRON, LYNN A
4450 SE 150TH ST
SUMMERFIELD, FL 34491 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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCARRON, LYNN A
Address: 3316 SW 92ND PL
City-St-Zip: OCALA, FL 34476 US

Title: VP () Delete
Name: MCCARRON, MATT M
Address: 3316 SW 92ND PL
City-St-Zip: OCALA, FL 34476 US

Title: SEC () Delete
Name: MCCARRON, LYNN A
Address: 3316 SW 91ND PL
City-St-Zip: OCALA, FL 34476 US

Title: T () Delete
Name: MCCARRON, MATT M
Address: 3316 SW 92ND PL
City-St-Zip: OCALA, FL 34476 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCARRON, LYNN A
Address: 4450 SE 150TH ST
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: VP (X) Change () Addition
Name: MCCARRON, MATT M
Address: 4450 SE 150TH ST
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: SEC (X) Change () Addition
Name: MCCARRON, LYNN A
Address: 4450 SE 150TH ST
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: T (X) Change () Addition
Name: MCCARRON, MATT M
Address: 4450 SE 150TH ST
City-St-Zip: SUMMERFIELD, FL 34491 US

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: LYNN MCCARRON

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date