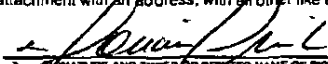


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

04-29-2004 90224 006 ***150.00

DOCUMENT # P03000026258			
1. Entity Name L & M DOLLAR PLUS, INC.			
Principal Place of Business 1122 SCHOLSSER RD. SEBRING, FL 33872		Mailing Address 1122 SCHOLSSER RD. SEBRING, FL 33872	
2. Principal Place of Business 1441 ROSELAND AVE		3. Mailing Address SCHLOSSER RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SEBRING FLA		City & State SEBRING FLA	
Zip 33870	Country HIGHLANDS.	Zip 33875	Country HIGHLANDS
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when restate.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFO, LORRAINE A 1122 SCHOLSSER RD. SEBRING, FL 33872 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFO LORRAINE A 1122 SCHLOSSER RD SEBRING FL 33875 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFO, JAMES 1122 SCHOLSSER RD. SEBRING, FL 33872 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFO JAMES 1122 SCHLOSSER RD SEBRING FL 33875 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, MARIE 1122 SCHOLSSER RD. SEBRING, FL 33872 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA MARIE 1122 SCHLOSSER RD SEBRING FL 33875 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 or other like empowered.			
SIGNATURE: 		LORRAINE GRIFO 4/26/04 863 4713454 Date Daytime Phone #	