

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040774

Entity Name: L & L SERVICES OF NAPLES, INC.

FILED  
May 07, 2008  
Secretary of State

**Current Principal Place of Business:**

4490 56TH AVENUE NE  
NAPLES, FL 34120

**New Principal Place of Business:**

4490 56TH AVENUE NE  
NAPLES, FL 34120 US

**Current Mailing Address:**

4490 56TH AVENUE NE  
NAPLES, FL 34120

**New Mailing Address:**

4490 56TH AVENUE NE  
NAPLES, FL 34120 US

FEI Number: 30-0167073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOPEZ, LUIS  
4490-56 AVENUE NE  
NAPLES, FL 34120 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: LOPEZ, LUIS  
Address: 4490-56TH AVENUE NE  
City-St-Zip: NAPLES, FL 34120

Title: VD ( ) Delete  
Name: LOPEZ, CRISTY  
Address: 4490 56TH AVENUE NE  
City-St-Zip: NAPLES, FL 34120

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: LOPEZ, CRISTY  
Address: 4490 56TH AVENUE NE  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUIS LOPEZ

PSTD

05/07/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date