

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069675

Entity Name: L & C TAMPA ENTERPRISES INC.

FILED  
Feb 28, 2005  
Secretary of State

## Current Principal Place of Business:

8424 W HILLSBOROUGH  
STE. 8424  
TAMPA, FL 33615 US

## New Principal Place of Business:

8424 W HILLSBOROUGH AVE.  
STE. 8424  
TAMPA, FL 33615 US

## Current Mailing Address:

5471 BAYWATER DR.  
TAMPA, FL 33615 US

## New Mailing Address:

FEI Number: 54-2117015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODS, LUIZA M  
8424 W HILLSBOROUGH AVE.  
TAMPA, FL 33615 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WOODS, LUIZA M  
Address: 5471 BAYWATER DRIVE  
City-St-Zip: TAMPA, FL 33615 US

Title: VP ( ) Delete  
Name: WOODS, LUIZA M  
Address: 5471 BAY WATER DR.  
City-St-Zip: TAMPA, FL 33615 US

Title: SEC ( ) Delete  
Name: CARRAZZONE, PAUL F  
Address: 5207 BAYSHORE BLVD, APT. # 20  
City-St-Zip: TAMPA, FL 33611 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LUIZA M. WOODS

PRES

02/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date