2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90675 045 ***150.00

DOCUMENT # P03000078286

1. Entity Name
L M DEVELOPMENT SERVICES, INC.

04282004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~23351 EAST LOOP RD.~~	~~23351 EAST LOOP RD.~~
~~GROVELAND, FL 34736~~	~~GROVELAND, FL 34736~~

2. Principal Place of Business	3. Mailing Address
9723 Lorrayne Drive	9723 Lorrayne Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview FL	City & State: Riverview FL
Zip: 33569 Country: USA	Zip: 33569 Country: USA

4. FEI Number 16-1677157 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MATCHETT, CLARE~~
~~23351 EAST LOOP RD.~~
~~GROVELAND, FL 34736~~

7. Name and Address of New Registered Agent

Name: Jacky Lewis
Street Address (P.O. Box Number is Not Acceptable): 9723 Lorrayne Drive
City: Riverview **FL** Zip Code: 33569

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] Jacky Lewis   DATE: 4-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD LEWIS, JACKY 9723 LORRAYNE DR. RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVTD MATCHETT, CLARE 23351 EAST LOOP RD. GROVELAND, FL 34736	☐ 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
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 all other like empowered.

SIGNATURE: [signature] Jacky Lewis   4-28-04   813-433-4102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #