2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/11/2005-90125-008-~~$1.00~~ $1.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN -6 AM 11:02

DOCUMENT # P03000091196

1. Entity Name
L&G PROPERTY SALES INC.

Principal Place of Business	Mailing Address
8618 BENOIT AVE. ORLANDO, FL 32836 US	8618 BENOIT AVE. ORLANDO, FL 32836 US

04142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 8618 Benoit Ave
Suite, Apt. #, etc.
City & State: Orlando FL 32836
Zip: 32836 Country: US

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 06-1705137 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEDGLIN, FREIDA G
4325 SEAGULL DR
NEW PORT RICHEY, FL 34652

See Below already been changed

7. Name and Address of New Registered Agent

Name: Freida G Hedglin
Street Address (P.O. Box Number is Not Acceptable): 8618 Benoit Ave
City: Orlando FL Zip Code: 32836

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: Freida G Hedglin
Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	PRES HEDGLIN, FREIDA G 8618 BENOIT AVE ORLANDO, FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC HEDGLIN, FREIDA G 8618 BENOIT AVE ORLANDO, FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Freida G Hedglin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #