


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90038 037 ***150.00

DOCUMENT # P03000092472

1. Entity Name
L & S BUILDERS, INC.



Principal Place of Business
**76 PINEHILL DRIVE
 STEINHATCHEE, FL 32359**

Mailing Address
**PO BOX 656
 STEINHATCHEE, FL 32359**

DO NOT WRITE IN THIS SPACE

40009112



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1681353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PAYNE, LARRY W
 76 PINEHILL DRIVE
 STEINHATCHEE, FL 32359**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

TITLE	ST
NAME	PAYNE, SHERRY K
STREET ADDRESS	PO BOX 656
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	P
NAME	PAYNE, LARRY W
STREET ADDRESS	PO BOX 656
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	D
NAME	SELLERS, TIMOTHY
STREET ADDRESS	PO BOX 656
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Sherry K Payne* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____