

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124141

FILED
Jan 02, 2004
Secretary of State

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

Current Principal Place of Business:

6688 DUCK POND LANE
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

6688 DUCK POND LANE
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 20-0403371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, DAVID
6688 DUCK POND LANE
SARASOTA, FL 34240

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Change (X) Addition
Name: LANE, PATRICK T
Address: 6724 DUCK POND LN
City-St-Zip: SARASOTA, FL 34240

Title: P () Change (X) Addition
Name: LANE, DAVID A
Address: 6688 DUCK POND LN
City-St-Zip: SARASOTA, FL 34240

Title: P () Change (X) Addition
Name: LANE, BEVERLY A
Address: 6688 DUCK POND LN
City-St-Zip: SARASOTA, FL 34240

Title: VP () Change (X) Addition
Name: LANE, TRACY L
Address: 6724 DUCK POND LN
City-St-Zip: SARASOTA, FL 34240

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: DAVID LANE

P

01/02/2004

Electronic Signature of Signing Officer or Director

Date