

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000130799

1. Entity Name  
LR PRODUCTIONS & MANAGEMENT, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV - 4 AM 9:29

Principal Place of Business  
1650 VIA DE LUNA DRIVE  
C6  
PENSACOLA BEACH, FL 32561

Mailing Address  
1650 VIA DE LUNA DRIVE  
C6  
PENSACOLA BEACH, FL 32561

2. Principal Place of Business  
8833 Perimeter Park Blvd.  
Suite, Apt. #, etc.  
Suite 102  
City & State  
Jacksonville, FL  
Zip  
32216  
Country  
U.S.A.

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

10012004 Chg-P CR2E034 (10/03)

4. FEI Number 61-1448434  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ROVERO, LESLIE  
1118 CRANE COVE BLVD.  
GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent  
Name  
Leslie Rovero  
Street Address (P.O. Box Number is Not Acceptable)  
136 7th AVE S.  
City  
Jacksonville FL  
Zip Code  
32250

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROVERO, LESLIE 1118 CRANE COVE BLVD. GULF BREEZE, FL 32563	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROVERO, Leslie 8833 Perimeter Park Blvd. Suite 102 Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042832015 11/17/04--01045--006 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1150