

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90142 034 \*\*\*150.00

<b>DOCUMENT # P04000010546</b>	
1. Entity Name <b>L &amp; L CONSTRUCTION OF SO. FLORIDA, INC.</b>	



Principal Place of Business <b>2056 NW CHENILLE LANE STUART, FL 34994 US</b>	Mailing Address <b>2056 NW CHENILLE LANE STUART, FL 34994 US</b>
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**50063667**



2. Principal Place of Business <b>5096 SE Orange Street</b>		3. Mailing Address <b>5096 SE Orange Street</b>	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State <b>Stuart FL</b>		City & State <b>Stuart FL</b>	
Zip <b>34997</b>	Country <b>Martin</b>	Zip <b>34997</b>	Country <b>Martin</b>

08222005 Chg-P CR2E034 (10/03)

4. FEI Number <b>34-1977213</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>DRELL, LANCE 2056 NW CHENILLE LANE STUART, FL 34994</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5096 SE Orange Street</b> City <b>Stuart</b> FL Zip Code <b>34997</b>	
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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:	DATE: <b>8-24-05</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DRELL, LANCE 2056 NW CHENILLE LANE STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5096 SE Orange Street Stuart, FL 34997</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:	DATE: <b>8-24-05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

ATTACHMENT  
50063667

**TERESA L. PALUMBO, CPA, PA**  
**6216 MICHAEL STREET**  
**JUPITER, FL 33458**  
**(561)575-1041**  
**FAX (561)745-8598**

August 23, 2005

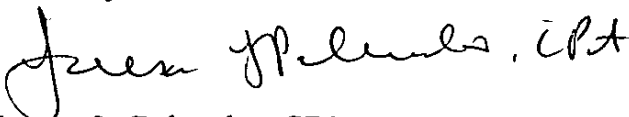
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: L & L Construction of So Florida, Inc.  
P04000010546

Dear Sir or Madame:

Enclosed please find the 2005 for Profit Corporation Annual Report and a check in the amount of \$150.00, which represents the annual filing fee. Please accept this as full payment. My client changed their address and did not receive the notice to file this return. We are humbly requesting an abatement of any penalties due to the late filing. There was no intentional disregard for the law. Thank you for your consideration.

Sincerely



Teresa L. Palumbo, CPA