
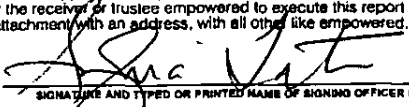


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

1/1

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90049 035 \*\*\*150.00

<b>DOCUMENT # P04000017377</b>		
1. Entity Name <b>L &amp; S TATUM, INC.</b>		
Principal Place of Business <b>22796 CR 200A LAWTEY, FL 32058</b>	Mailing Address <b>P.O. DRAWER A LAWTEY, FL 32058</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TATUM, SYLVIA 22796 CR 200A LAWTEY, FL 32058</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TATUM, CHARLES W 22796 CR 200A LAWTEY, FL 32058	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TATUM, THOMAS W JR 22796 CR 200A LAWTEY, FL 32058	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TATUM, SYLVIA 22796 CR 200A LAWTEY, FL 32058	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TATUM, LINDA 22796 CR 200A LAWTEY, FL 32058	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>2/09/07</b> Daytime Phone #: <b>(904) 782-3690</b>

66001143



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3602026</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>