

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-01-2005 90006 028 ***150.00

DOCUMENT # P04000105067 1. Entity Name LMMR ENTERPRISES, INC.					
Principal Place of Business 9728 66TH ST. NORTH PINELLAS PARK FL 33782			Mailing Address 9728 66TH ST. NORTH PINELLAS PARK FL 33782		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DENNISON, M. RUSSELL 9728 66TH ST. NORTH PINELLAS PARK FL 33782				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	PD	
NAME	DENNISON, M. RUSSELL		NAME	Dennison, M. Russell	
STREET ADDRESS	1851 BAYSHORE DR.		STREET ADDRESS	11601 4th St N. #3101	
CITY-ST-ZIP	TERRA CEIA FL 34250		CITY-ST-ZIP	St. Pete, FL 33716	
TITLE	SD		TITLE	SD.	
NAME	DENNISON, LINDA M		NAME	Dennison, Linda M.	
STREET ADDRESS	1851 BAYSHORE DR.		STREET ADDRESS	11601 4th St N #3101	
CITY-ST-ZIP	TERRA CEIA FL 34250		CITY-ST-ZIP	St Pete, FL 33716	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>M. R. Dennison</u> <u>M. R. Dennison</u> <u>3/22/05</u> <u>727-711-3204</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					