


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90440 049 ***150.00

DOCUMENT # P04000125367

1. Entity Name
L.C. & P.J. SERVICES INC.



Principal Place of Business Mailing Address
6757 SW AMYRIS CT **6757 SW AMYRIS CT**
STUART, FL 34997 **STUART, FL 34997**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04272005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

CORRIE, LARRY SCOTT
6757 SW AMYRIS CT
STUART, FL 34997

4. FEI Number Applied For
74-3130182 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME **CORRIE, LARRY SCOTT**
STREET ADDRESS **6757 SW AMYRIS CT**
CITY-ST-ZIP **STUART, FL 34997**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Delete
NAME **HALLUM, PAULA JEAN**
STREET ADDRESS **6757 SW AMYRIS CT**
CITY-ST-ZIP **STUART, FL 34997**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: **X** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05 **772-528-1153**
Date Daytime Phone #