


**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90089 010 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000126431</b> 1. Entity Name LPN & U ENTERPRISE INC	
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Principal Place of Business 15342 HARVEST BLVD CLERMONT, FL 34711 US	Mailing Address 15342 HARVEST BLVD CLERMONT, FL 34711 US
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66016551



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3543361	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LACKPAUL, YOUNGKARRAN 15342 HARVEST BLVD CLERMONT, FL 34711
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**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T LACKPAUL, YOUNGKARRAN 15342 HARVEST BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S LACKPAUL, UMAWATTIE 15342 HARVEST BLVD CLERMONT, FL 34711
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Youngkarran Lackpaul Youngkarran Lackpaul 5/18/07 (352)2743-1564  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #