


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90149 015 ***158.75

DOCUMENT # P05000149624	
1. Entity Name L & M DEVELOPMENT OF BREVARD, INC.	

Principal Place of Business 4903 N. BANANA RIVER BOULEVARD COCOA BEACH FL 32931	Mailing Address 4903 N. BANANA RIVER BOULEVARD COCOA BEACH FL 32931
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2. Principal Place of Business - No P.O. Box # 4903 N. BANANA RIVER BLVD	3. Mailing Address 4903 N. BANANA RIVER BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State COCOA BEACH FL 32931	City & State COCOA BEACH FL 32931
Zip 32931	Country FL

4. FEI Number 20-3764556	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WATSON, VICTOR M 3490 N. US HIGHWAY 1 COCOA FL 32926	
7. Name and Address of New Registered Agent Name KYRIACOS LAGGES Street Address (P.O. Box Number is Not Acceptable) 4903 N. BANANA RIVER BLVD City COCOA BEACH FL Zip Code 32931	

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 *Kyriacos Laggos* **KYRIACOS LAGGES PRES.** **3-27-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	P LAGGES, KYRIACOS J 4903 N. BANANA RIVER BOULEVARD COCOA BEACH FL 32923 <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	VP MESSER, JAMES 4795 FAY BOULEVARD, UNIT #5/6 PORT ST. JOHN FL 32927 <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	S LAGGES, KYRIACOS J 4903 N. BANANA RIVER BOULEVARD COCOA BEACH FL 32931 <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
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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 exemptions contained in Section 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: *Kyriacos Laggos* **KYRIACOS LAGGES** **3-27-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #