



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90412 048 \*\*\*150.00

<b>DOCUMENT # P06000048904</b> 1. Entity Name <b>L &amp; O ENTERPRISES, INC.</b>					
Principal Place of Business <b>276 SEABREEZE CIR JUPITER, FL 33477</b>			Mailing Address <b>276 SEABREEZE CIR JUPITER, FL 33477</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">40071703</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>01072007    Chg-P    CR2E034 (12/06)</span> </div> <div style="display: flex; justify-content: space-between;"> <div>         4. FEI Number  <b>51-0571769</b> </div> <div>         Applied For  <input type="checkbox"/> Not Applicable       </div> </div> <div>         5. Certificate of Status Desired    <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> </div>	
6. Name and Address of Current Registered Agent  <b>MAHNEKE, LOLA 276 SEABREEZE CIR JUPITER, FL 33477</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHNEKE, LOLA 276 SEABREEZE CIR JUPITER, FL 33477	<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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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: <u><i>Lola Mahneke</i></u> <u>April 12 2007 561 744 0311</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small> <b>LOLA MAHNEKE</b>					