

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000148982**

1. Entity Name  
**L & R CONSULTING AND FINANCIAL SERVICES, INC.**



Principal Place of Business  
**1430 GULF BOULEVARD #803  
CLEARWATER, FL 33767**

Mailing Address  
**1430 GULF BOULEVARD #803  
CLEARWATER, FL 33767**



01202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5889121**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**GEARY, ROGER  
1430 GULF BOULEVARD #803  
CLEARWATER, FL 33767**

**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

*Roger Geary*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**1-18-08**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U00000798163

01/30/08-80017-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
**P**  
NAME  
**GEARY, ROGER**  
STREET ADDRESS  
**1430 GULF BOULEVARD #803**  
CITY-ST-ZIP  
**CLEARWATER, FL 33767**

TITLE  
**S**  
NAME  
**GEARY, LINDA**  
STREET ADDRESS  
**50703 HORBOUR C VIEW DR**  
CITY-ST-ZIP  
**NEW BALTIMORE, MI 48047**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 prepare 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-08**

Date

**586 726 0000**

Daytime Phone #