## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P32132**

F & L CORP.

**SUITE 1300** 

ONE INDEPENDENT DRIVE

W.J. DEVELOPMENT CORPORATION



US

**FILED** Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

ST AUGUSTINE MARINE

**404 SOUTH RIBERIA ST** ST AUGUSTINE, FL 32084

Mailing Address

ST AUGUSTINE MARINE **404 SOUTH RIBERIA ST** 

ST AUGUSTINE, FL 32084



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2987487 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32202			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 Signeture, typed or printed name of registered agent and trile if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	icing _	\$5.00 May Be Added to Fees	U00000860613 04/02/08-80070-009 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUHRS, JOHN H. 404 S. ROBERTA ST SAINT AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-\$7-ZIP	VPD LUHRS, WARREN R. ROUTE 441 ALACHUA, FL 32615				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DINGLER, BRIAN 255 DIESEL ROAD ST AUGUSTINE, FL 32080			DO	NOT. WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S JETT, DANIEL N 4004 S. RIBERTA ST ST AUGUSTINE, FL 32084			IN 7	THIS SPACE

12. I hereby certify that the information supplied with this filling 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 rike empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR

904-824-4394

Davime Phone #