

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000029803

1. Entity Name
J & L CONSULTING SERVICES, INC.



Principal Place of Business
**16040 LOCH KATRINE TRAIL
APT 7806
DELRAY BEACH, FL 33446 US**

Mailing Address
**7431-34 W ATLANTIC AVE
103
DELRAY BEACH, FL 33446 US**

DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0407669

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GROMANN, GLENN E
10426 LEXINGTON ESTATES BOULEVARD
BOCA RATON, FL 33428**

**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

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

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **LAMPARIELLO, SHEILA**
STREET ADDRESS **16040 LOCH KATRINE TRL, UNIT 7806**
CITY-ST-ZIP **DELRAY BCH, FL**

TITLE **PS**
NAME **LAMPARIELLO, LARRY A**
STREET ADDRESS **16040 LOCH KATRINE TRL, UNIT 7806**
CITY-ST-ZIP **DELRAY BCH, FL**

TITLE **VT**
NAME **LAMPARIELLO, SCOTT**
STREET ADDRESS **7431-34 ATLANTIC AVE, UNIT 104**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000480892
04/11/06-80010-008 150.00

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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.

LARRY A. LAMPARIELLO, PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 13, 2006 477-3025

Date

Daytime Phone #