

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000000937**

1. Entity Name  
**L & M SEAFOOD, INC.**



Principal Place of Business  
**161 GOLDSBY RD.  
SANTA ROSA BEACH, FL 32459 US**

Mailing Address  
**5399 HWY 30-A EAST  
P.M.B. 281  
SANTA ROSA BEACH, FL 32459 US**



01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3292304**

Applied For  
Not Applicable

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

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

**PENTEL, LAURANCE F  
58 LAKE POINTE DR.  
SANTA ROSA BEACH, FL 32459**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

1000000686732  
04/10/07-90011-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PENTEL, LAURANCE F
STREET ADDRESS	58 LAKE POINTE DR.
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	D
NAME	PENTEL, MARY E
STREET ADDRESS	682 BAYSHORE DRIVE
CITY-ST-ZIP	DESTIN, FL
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 reports 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:** Laurance F. Pentel 1-22/07 850-685-1092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #