2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000000606

1. Entity Name
L. C. SERVICES, INC.

Principal Place of Business	Mailing Address
1544 C RD. LOXAHATCHEE, FL 33470	1544 C RD. LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

02262008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0630469	Not Applicable

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

6. Name and Address of Current Registered Agent

CARLTON, LARRY G
1544C ROAD
LOXAHATCHEE, FL 33470

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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, 2008 Fee will be $550.00

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

U00000902624
04/30/08 00013-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CARLTON, LARRY G
STREET ADDRESS	1544 C RD.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470

TITLE	VP
NAME	CARLTON, BRETT
STREET ADDRESS	1544 C ROAD
CITY-ST-ZIP	LOXAHATCHEE, FL

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	

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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.

SIGNATURE: _____ Pres Larry Carlton 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date

561-798-3587
561-718-9784
Daytime Phone #