2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	REPORT (AR	<u> </u>	_ FILED
DOCU 1. Entity Nan	MENT # P97000015	677		Feb 03, 2005 08:00 AM Secretary of State
L.S.P. NU	JRSERY, INC.			
Principal Plac	ce of Business,	Mailing Address	- tee .	
1798 AGORA CIRCLE S.E. 1798 AGORA CIRCLE PALM BAY FL PALM BAY FL		<b>S.E.</b>	( 1994) 1985 1985 ( 1987) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>.                                    </u>	1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 59-3434924 Applied For Not Applied For
Zip	Country	Zîp	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
BADALAMENTI, LEO 1798 AGORA CIRCLE S.E. SUITE #1			Name Street Address	s (P.O. Box Number is Not Acceptable)
PAL	M BAY FL 32909		City	FL Zip Code
8. The above the obligation	e named entity submits this statemen tions of registered agent	t for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Sphalure rivings or printed name of registered as	gent and title if applicable (NOT	E Registered Agent signature roqui	red whon reinstating) DATE
After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.			9. Election Campaign Financing \$5.00 May P Trust Fund Contribution
	k Payable to Florida Departmen			
10. UIII	PSD OFFICERS AF	ND DIRECTORS  Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	BADALAMENTI, LEO	- Delete	- NAME	<del>-</del> · · -
CIREFT ADDRESS City-St-Zip	1798 AGORA CIRCLE S.E. PALM BAY FL 32909	<u>.</u>	STREET ADDRESS OTTY-ST-ZIP	U0000213677 02/03/05-80072-025 150.00
nice	DVP	☐ Delete	TATLE	☐ Change ☐ / Change
NAME STREET ADDRESS	BADALAMENTI, ROSE		NAME SIREET ADDRESS	
CHY-ST-ZIP	PALM BAY FL 32909		UNI Y - ST - ZIP	
fifte	DST	☐ Delete	TITLE	Change Advit
NAME STREET ADDRESS	BADALAMENTI, ROSE		NAME STREET ADDRESS	
CITY ST-ZIP	1798 AGORA CIR SE #1 PALM BAY FL 32909		CaireSI-XIP	
DILE		☐ Delete	TUTLE	☐ Change ☐ A.'
NAMF			NAME	
CITY-ST-7P	,		STREET ADDRESS CHY-ST ZIP	
THILE		☐ Delete	TITLE	☐ Change ☐ Add
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-7IP			CITY-ST-ZIP	
HILE		☐ Delete	DitE	☐ Change ☐ A.
NAME STREET ADDRESS			NAME SIRELI ADDRESS	
CITY ST-ZIP			CITY-ST-ZIP	
12. I hereby of indicated of the corchanged	certify that the information supplied of on this report or supplemental report poration or the receiver or trustee en , or on an attachment with an address	with this filing does not qualify for it is true and accurate and that in inpowered to execute this report and that it is a move the samp of the samp	i the exemption stated in s ny signature shall have th as required by Chapter 6	Section 119.07(3)(i), Florida Statutes I further certify that the information e same legal effect as if made under oath, that I am an officer or direction, Florida Statutes, and that my name appears in Block 10 or Block 1
SIGNATURE: To State And TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of Day Tree Phone V				