

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000074574

1. Entity Name
**L & L ACCOUNTING BOOKKEEPING & TAX SERVICE
INC.**



Principal Place of Business

**400 ORANGE STREET
TITUSVILLE, FL 32796**

Mailing Address

**400 ORANGE STREET
TITUSVILLE, FL 32796**

DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3464631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOLSON, JOHN M
400 ORANGE STREET
TITUSVILLE, FL 32796**

**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 reconstituting)

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

UN000000000000

04/18/08-80023-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOLSON, JOHN M
STREET ADDRESS	400 ORANGE STREET
CITY- ST- ZIP	TITUSVILLE, FL 32796
TITLE	VD
NAME	TOLSON, LAURA D
STREET ADDRESS	400 ORANGE STREET
CITY- ST- ZIP	TITUSVILLE, FL 32796
TITLE	VP
NAME	RUBIN, SHANNON D
STREET ADDRESS	1138 MACON DRIVE
CITY- ST- ZIP	TITUSVILLE, FL 32780
TITLE	S/T
NAME	DRUMMOND, ROBERTA
STREET ADDRESS	PO BOX 358
CITY- ST- ZIP	SCOTTSMOOR, FL 32775
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #