



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000081013			
1. Entity Name L & RS PROPERTY MANAGEMENT, INCORPORATED			
Principal Place of Business 1615 NW 1ST AVE FLORIDA CITY, FL 33034		Mailing Address 1615 NW 1ST AVE FLORIDA CITY, FL 33034	
DO NOT WRITE IN THIS SPACE			
		02182004 No Chg-P CR2E034 (10/03)	
		4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
CLAYTON, LOVEY 1615 NW 1ST AVE FLORIDA CITY, FL 33034		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000118002 04/19/04-80042-025 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PSD		
NAME	CLAYTON, LOVEY		
STREET ADDRESS	1615 NW 1ST AVE		
CITY-ST-ZIP	FLORIDA CITY, FL 33034		
TITLE	VD		
NAME	CLAYTON, DAVID		
STREET ADDRESS	1615 NW 1ST AVE		
CITY-ST-ZIP	FLORIDA CITY, FL 33034		
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 exemption stated in Section 119.07(3)(i), 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: <i>James Clayton Lovey Clayton</i>		Date: <i>4/15/04</i>	Daytime Phone #: <i>3052482532</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			