


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000104398
1. Entity Name
L & L MANAGEMENT AND CONSULTANTS, INC.



Principal Place of Business
8473 BAY COLONY DR.
NAPLES, FL 34108

Mailing Address
8473 BAY COLONY DR.
NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3481965

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LORENTZ, JOSEPH J
8473 BAY COLONY DR.
NAPLES, FL 34108

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000092329
03/19/04-80004-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LORENTZ, JOSEPH
STREET ADDRESS	8473 BAY COLONY DR.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	V
NAME	LORENTZ, CATHERINE V
STREET ADDRESS	8473 BAY COLONY DR.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	S
NAME	CLARK, SANDRA
STREET ADDRESS	19 SAVAGE RD., APT. D1
CITY-ST-ZIP	DENVILLE, NJ 07834
TITLE	T
NAME	RUSSO, SUSAN
STREET ADDRESS	19 WINDING RIDGE
CITY-ST-ZIP	OAKLAND, NJ 07436
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 exemption stated in Section 119.07(3)(a), 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: X [Signature] 3/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #