


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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
--	--



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3481965	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000741541 05/15/07-80033-013 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORENTZ, JOSEPH 8473 BAY COLONY DR. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LORENTZ, CATHERINE V 8473 BAY COLONY DR. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, SANDRA 19 SAVAGE RD., APT. D1 DENVER, NJ 07834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSSO, SUSAN 19 WINDING RIDGE OAKLAND, NJ 07436
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:   **4/26/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #