## **2008 FOR PROFIT CORPORATION**

## **FILED** Apr 25 2008 08:00 AN ate

ANNUAL REPORT						Apr 25, 2000 00:0		
DOCU  1. Entity Name	MENT, # P97	'00010439	8		Secretary of Sta			
L & L MANAGEMENT AND CONSULTANTS, INC.					)		·	
8473 BAY COLONY DR.			Mailing Address 8473 BAY COLONY DR. NAPLES, FL 34108		10100	IN 1814 1821 2814 8814 8816 1816 181	<b>88</b> /11 <b>3</b>  6888   1816   1816   1816   1818	
С	OO NOT V	VRITE II	N THIS SPA	<b>ACE</b>	03282008 4. FEI Numb 59-348	oer	R2E034 (11/05)  Applied For Not Applicable	
<del></del>	6. Name and Addre	ss of Current Regis	stered Agent		5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	, JOSEPH J COLONY DR.					NOT WRI THIS SPA		
8. The above	e named entity submits the tions of registered agent.	nis statement for the p	ourpose of changing its regist	ered office or registe	ered agent, or bo	oth, in the State of Florida.	I am familiar with, and accept	
SIGNATURE.		•				•		
	Signature, typed or printed name	of registered agent and title	if applicable (NOTE: Regist	ered Agent signature requir	ed when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				· · · · · · · · · · · · · · · · · · ·	5.00 May Be Ided to Fees			
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P LORENTZ, JOSEPH 8473 BAY COLONY NAPLES, FL 34108 V LORENTZ, CATHEF 8473 BAY COLONY NAPLES, FL 34108	OR.  RINE V OR.	CTORS			U0000092 05/15/08-80	2545 050-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DENVILLE, NJ 07834  T RUSSO, SUSAN 19 WINDING RIDGE			,	DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP				].	÷			
NAME STREET ADDRESS CITY-ST-ZIP	:					•		

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 relief 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.

SIGNATURÉ:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH LORENTZ

PRES.

<u>412108</u>

Daytime Phone #