

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000010033  
 1. Entity Name  
 L & L INVESTMENTS OF N.W. FLA., INC.



Principal Place of Business      Mailing Address  
 6766 EAST BAY BLVD.      6766 EAST BAY BLVD.  
 NAVARRE, FL 32566      NAVARRE, FL 32566

**DO NOT WRITE IN THIS SPACE**



04302004      No Chg-P      CR2E034 (10/03)

4. FEI Number 59-3573432	Applied For Not Applicable
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5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LOCKE, WILLIAM J  
 6766 EAST BAY BLVD.  
 NAVARRE, FL 32566

**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: RAYMOND G. Hickey      [Signature]      4/30/2004  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKE, WILLIAM J 6766 EAST BAY BLVD. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDY, FAYE 3101 LOCKE LANE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000151617  
 05/04/04-80054-012 150.00

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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: William Locke      [Signature]      4/30/04      850-934-4288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #