
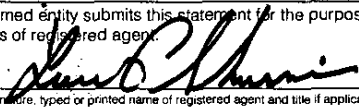
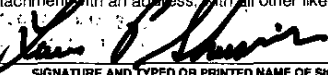


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

06-07-2004 90001 002 \*\*\*550.00

<b>DOCUMENT # V14251</b> 1. Entity Name <b>LPS AND COMPANY, INC.</b>					
Principal Place of Business <b>1551 SANDSPUR ROAD MAITLAND, FL 32751</b>			Mailing Address <b>1551 SANDSPUR ROAD MAITLAND, FL 32751</b>		
2. Principal Place of Business <b>7200 LAKE ELLENOR DR SUITE 241 ORLANDO FL 32809 USA</b>			3. Mailing Address <b>7200 LAKE ELLENOR DR SUITE 241 ORLANDO FL 32809 USA</b>		
Suite, Apt. #, etc. <b>SUITE 241</b>			Suite, Apt. #, etc. <b>SUITE 241</b>		
City & State <b>ORLANDO FL</b>			City & State <b>ORLANDO FL</b>		
Zip <b>32809</b>			Zip <b>32809</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>59-3113705</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>SHASSIAN, LOUIS P. 6214 DONEGAL DR. ORLANDO, FL 32819</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <b>5/28/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHASSIAN, LOUIS P 6214 DONEGAL DR ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>LOUIS P. SHASSIAN</b> DATE: <b>5/28/04</b> DAYTIME PHONE #: <b>407 816 7211</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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