## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP

## **ANNUAL REPORT** Feb 12, 2005 08:00 AM **DOCUMENT # 505469 Secretary of State** 1. Entity Name LAC INDUSTRIES, INC. Principal Place of Business \_ Mailing Address 11130 SE FEDERAL HWY 11130 SE FEDERAL HWY BOX 1346 P 0 B0X 1194 HOBE SOUND, FL 33455 HOBE SOUND, FL 33475-194 US 02072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 59-1674784 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOWERY, A T DO NOT WRITE 11169 MONET LANE LAKE PARK, FL 33410 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 acc the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature regulred when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 2/12/05-8A047-A15 61.25 After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LOWERY, A.T. STREET ADDRESS 11169 MONET LANE CITY-ST-ZIP LAKE PARK, FL TITLE NAME LOWERY, A.T. STREET ADDRESS 11169 MONET LANE CITY-ST-ZIP LAKE PARK, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informational 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 eath, that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A.T. LOURLY, Pracident P.S. Lourley 20805 50,622 8625