


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

05-04-2006 90255 008 \*\*\*\*\*61.25  
652064

<b>DOCUMENT # 652064</b>		
1. Entity Name L.R.S. CO.		

Principal Place of Business C/O L.R.S. CO. 903 UNIVERSITY BLVD., N JACKSONVILLE, FL 32211-5529	Mailing Address C/O L.R.S. CO. 903 UNIVERSITY BLVD., N JACKSONVILLE, FL 32211-5529
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04272006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1963462	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent	
SETZER, LEONARD R 903 UNIVERSITY BLVD., N JACKSONVILLE, FL 32211-5529	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 reissuing) DATE \_\_\_\_\_

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	V
NAME	SETZER, BENJAMIN A
STREET ADDRESS	903 UNIVERSITY BLVD N
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	PTD
NAME	SETZER, LEONARD R
STREET ADDRESS	903 UNIVERSITY BLVD N.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S
NAME	William Terry Hanes
STREET ADDRESS	903 University Blvd N
CITY-ST-ZIP	Jacksonville, Florida 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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: *Leonard R. Setzer* Date: *5/25/06*

FILED  
06 MAY 25 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
50018943