
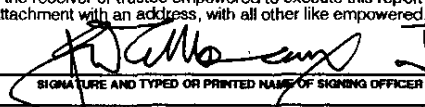


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90456 046 ***550.00

DOCUMENT # 835508 1. Entity Name P.E. LAMOREAUX & ASSOCIATES, INC.					
Principal Place of Business 2612 UNIVERSITY BLVD P. O. BOX 2310 TUSCALOOSA, AL 35401			Mailing Address 2612 UNIVERSITY BLVD P. O. BOX 2310 TUSCALOOSA, AL 35401		
2. Principal Place of Business 1009 23rd Ave Suite, Apt. #, etc. A			3. Mailing Address P.O. Box 2310 Suite, Apt. #, etc.		
City & State TUSCALOOSA, AL			City & State TUSCALOOSA, AL		
Zip 35403		Country US		Zip 35403	
Country US		4. FEI Number 63-0591017			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MORT, KAREN H. 4320 OLD HWY. 37 LAKELAND, FL 33813			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;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	TD LAMOREAUX< URA MAE 2612 UNIVERSITY BLVD TUSCALOOSA, AL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1009 23rd AVENUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMOREAUX, KAREN L. 2612 UNIVERSITY BLVD TUSCALOOSA, AL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1009 23rd AVENUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMOREAUX, PHILIP E 2612 UNIVERSITY BLVD TUSCALOOSA, AL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1009 23rd AVENUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMOREAUX, JAMES W. 2612 UNIVERSITY BLVD TUSCALOOSA, AL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1009 23rd AVENUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, JAMES M. 2612 UNIVERSITY BLVD. TUSCALOOSA, AL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1009 23rd AVENUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEMOR, BASHIR A 2612 UNIVERSITY BLVD TUSCALOOSA, AL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1009 23rd AVENUE	<input checked="" 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:  James W. Lamoreaux 5/7/04 205/752-5543 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



Alachua
24073605

Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	835508
Business Entity Name	P.E. LAMOREAUX & ASSOCIATES, INC.
Original File Date	12/01/1975

FEI Number 63-0591017

Principal Address 2612 UNIVERSITY BLVD
P. O. BOX 2310
TUSCALOOSA, AL 35401

Mailing Address 2612 UNIVERSITY BLVD
P. O. BOX 2310
TUSCALOOSA, AL 35401

Registered Agent MORT, KAREN H.
4320 OLD HWY. 37
LAKELAND, FL 33813

Officer/Director Name And Address

TD
LAMOREAUX< URA MAE
2612 UNIVERSITY BLVD
TUSCALOOSA, AL

SD
LAMOREAUX, KAREN L.
2612 UNIVERSITY BLVD
TUSCALOOSA, AL

TD
PHILIP E LAMOREAUX
2612 UNIVERSITY BLVD
TUSCALOOSA, AL

All a check 835-508
24073605
VD

LAMOREAUX, JAMES W.
2612 UNIVERSITY BLVD
TUSCALOOSA, AL

VP

LEE, JAMES M.
2612 UNIVERSITY BLVD.
TUSCALOOSA, AL

VPD

BASHIR A MEMOR
2612 UNIVERSITY BLVD
TUSCALOOSA, AL

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct
and you do not wish to make any
changes, please select:

No Changes

If you need to make changes to
the above information, please
select:

Make Changes

Sunbiz Home Page

Public Access Help

Florida Department of State - Division of Corporations

Corporation Fees**PROFIT, NON-PROFIT, AND TRADEMARKS**

Filing Fees	\$ 35.00
Registered Agent Designation	\$ 35.00
* Certified Copy (optional)	\$ 8.75
TOTAL	\$ 78.75
Amendment of any record	\$ 35.00
Profit Annual Report (& Supplemental Fee)	\$150.00
Profit Annual Report (Received after May 1)	\$550.00
Amended Profit Annual Report	\$ 61.25
Articles of Correction	\$ 35.00
Non-Profit Annual Report	\$ 61.25
Certificate of Status	\$ 8.75
* Certified Copy	\$ 8.75 (see below)
* Photocopies	\$ 10.00 (see below)
Change of registered agent	\$ 35.00
Dissolution & withdrawal	\$ 35.00
Foreign Name registration	\$ 87.50
Foreign Name renewal	\$ 87.50
Merger (per party)	\$ 35.00
Reinstatement (Profit)	\$600.00
Reinstatement (Non-Profit)	\$175.00
Resignation of Reg. Agent (active corporation)	\$ 87.50
(inactive corporation)	\$ 35.00
Revocation of Dissolution	\$ 35.00
Substitute service of process	
(Chapter 48, F.S.)	\$ 8.75
Trade & service Marks (per class)	\$ 87.50
Trade & Service Mark assignment	\$ 50.00
Trade & Service Mark renewals (per class)	\$ 87.50
* Certified Copies are \$8.75 for the first 8 pages and \$1.00 for each additional page, not to exceed a maximum of \$52.50. This fee is applied only to requests that are done in person. All mail-in requests are charged a flat \$8.75.	
* Photocopies are \$1.00 per page for requests that are brought in to our office. All mail-in requests are charged a flat \$10.00.	

LIMITED LIABILITY COMPANY

Annual Report	\$ 50.00
Certificate of Status	\$ 5.00
Certified Copy of Record	\$ 30.00
New Florida/Foreign LLC	
Filing Fee (Required)	\$100.00
Registered Agent Fee (Required)	\$ 25.00
Total Fee For New Florida/Foreign LLC	\$125.00
Change of Registered Agent	\$ 25.00
Articles of Correction	\$ 25.00
Certificate of Conversion	\$ 25.00 (+ New LLC Fees)
Registered Agent Resignation(active)	\$ 85.00
Registered Agent Resignation(dissolved)	\$ 25.00
Reinstatement Fee	\$100.00
Any Other Amendment	\$ 25.00
Articles of Dissolution/Withdrawal	\$ 25.00
Articles of Revocation of Dissolution	\$100.00