


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 835508 1. Entity Name P.E. LAMOREAUX & ASSOCIATES, INC.	
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Principal Place of Business 1009 23RD AVE TUSCALOOSA, AL 35403	Mailing Address P. O. BOX 2310 TUSCALOOSA, AL 35403
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DO NOT WRITE IN THIS SPACE

01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0591017	Applied For Not Applicable
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

**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: *Karen H. Mort* Director of Business Operations 1-26-05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAMOREAUX, URA MAE 1009 23RD AVE TUSCALOOSA, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LAMOREAUX, KAREN L. 1009 23RD AVE TUSCALOOSA, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAMOREAUX, PHILIP E 1009 23RD AVE TUSCALOOSA, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LAMOREAUX, JAMES W. 1009 23RD AVE TUSCALOOSA, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEE, JAMES M. 1009 23RD AVE TUSCALOOSA, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MEMOR, BASHIR A 1009 23RD AVE TUSCALOOSA, AL

000000220214
02/08/05-80060-015 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *[Signature]* U/P 2/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #