

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835508

FILED  
Feb 15, 2011  
Secretary of State

Entity Name: P.E. LAMOREAUX & ASSOCIATES, INC.

**Current Principal Place of Business:**

1009 23RD AVE  
TUSCALOOSA, AL 35401

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2310  
TUSCALOOSA, AL 35403

**New Mailing Address:**

FEI Number: 63-0591017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOIS GEORGE  
4316 OLD HWY 37  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

JAMES M. LEE  
4316 OLD HWY 37  
LAKELAND, FL 33813 US

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.

SIGNATURE: JAMES M. LEE

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRD  
Name: LEE, JAMES M  
Address: 1009 23RD AVENUE  
City-St-Zip: TUSCALOOSA, AL 35401

Title: VD  
Name: GEORGE, LOIS D  
Address: 1009 23RD AVE  
City-St-Zip: TUSCALOOSA, AL 35401

Title: COB  
Name: LAMOREAUX, JAMES W.  
Address: 1009 23RD AVE  
City-St-Zip: TUSCALOOSA, AL 35401

Title: DIR  
Name: LAMOREAUX, URA M.  
Address: 1009 23RD AVE  
City-St-Zip: TUSCALOOSA, AL 35401

Title: VPD  
Name: MEMON, BASHIR A  
Address: 1009 23RD AVE  
City-St-Zip: TUSCALOOSA, AL 35401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES M. LEE

PRES

02/15/2011

Electronic Signature of Signing Officer or Director

Date