

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07  
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<b>DOCUMENT # F97000003636</b> 1. Entity Name LAKE CHARLES NAVAL STORES CO., INC.		
Principal Place of Business 830 UNION ST STE 200 NEW ORLEANS, LA 70112	Mailing Address 830 UNION ST STE 200 NEW ORLEANS, LA 70112	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="text-align: right;">           03162005    No Chg-P    CR2E034 (10/03)       </div>		
4. FEI Number <b>72-0233720</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283		<h2>DO NOT WRITE IN THIS SPACE</h2>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WHITE, JOHN F 203 CARONDELET ST, SUITE 710 NEW ORLEANS, LA 701303016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV WHITE, H. HUNTER JR 826 UNION ST, SUITE 100 NEW ORLEANS, LA 70112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, NATHANIEL P JR 826 UNION ST, SUITE 100 NEW ORLEANS, LA 70112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLEHER, HARRY B JR 2121 AIRLINE HWY, SUITE 301 METAIRIE, LA 70001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>John F. White</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/4/05</u> Daytime Phone #: <u>504-524-8602</u>