


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90018 015 ***150.00

DOCUMENT # F97000003636	
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
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DO NOT WRITE IN THIS SPACE

40110385



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number 72-0233720	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283
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**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 _____	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WHITE, JOHN F <i>Suite 200</i> 203 CARONDELET ST, SUITE 710 <i>830 Union St.</i> NEW ORLEANS, LA 701303046 <i>70112</i>
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	7/7/08	504-524-8602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #