


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # H55642 1. Entity Name JOHN W. LORD & SONS, INC.	
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Principal Place of Business 6648 LARCHMONT AVE. NEW PORT RICHEY, FL 34653	Mailing Address 6648 LARCHMONT AVE. NEW PORT RICHEY, FL 34653
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04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2523346	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LORD, WESLEY 6648 LARCHMONT AVENUE NEW PORT RICHEY, FL 34653
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**000000558609
05/17/06-80100-017 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORD, ROGER 17 PORTER RD. NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORD, WILLIAM WESLEY % 1007 LARCHMONT AVE W. NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORD, JOSHUA M 9125 CHANTILLY LANE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-06
Date

727-849-7488
Daytime Phone #