


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # H55642 1. Entity Name JOHN W. LORD & SONS, INC.					
Principal Place of Business 6648 LARCHMONT AVE. NEW PORT RICHEY, FL 34653			Mailing Address 6648 LARCHMONT AVE. NEW PORT RICHEY, FL 34653		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2523346	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LORD, WESLEY 6648 LARCHMONT AVENUE NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORD, ROGER 17 PORTER RD. NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORD, WILLIAM WESLEY % 1007 LARCHMONT AVE W. NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UN00000754231 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/22/07-80052-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORD, JOSHUA M 9125 CHANTILLY LANE PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Wesley Lord</i> WESLEY LORD 4/25/07 727-849-7185 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					