

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # J97110

1. Entity Name
LAWRENCE W. GOUGH, INC.



Principal Place of Business
**3389 CYPRESS GARDENS ROAD
WINTER HAVEN, FL 33884 US**

Mailing Address
**P. O. BOX 391
WINTER HAVEN, FL 33882 US**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0433336

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAWRENCE GOUGH
3389 CYPRESS GARDENS ROAD
WINTER HAVEN, FL 33884**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000082258
03/09/04-80022-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	FITZPATRICK, ALBERT
STREET ADDRESS	3 SUGAR LOAF ST.
CITY-ST-ZIP	HOULTON, ME 04730
TITLE	D
NAME	FITZPATRICK, FRANCIS J.
STREET ADDRESS	134 SMITH RD.
CITY-ST-ZIP	HOULTON, ME 04730
TITLE	D
NAME	GOOD, THOMAS L.
STREET ADDRESS	462 FLECHTER RD
CITY-ST-ZIP	MONTICELLO, ME 04730
TITLE	DP
NAME	GOUGH, LAWRENCE W.
STREET ADDRESS	148 WALKER RD.
CITY-ST-ZIP	HODGDON, ME 04730
TITLE	D
NAME	GOUGH, MICHAEL
STREET ADDRESS	741 COUNTRY RD
CITY-ST-ZIP	NEW LIMERICK, ME 04761

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lawrence W. Gough **Lawrence W. Gough** / 4/04 207-532-2267