


**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      Mailing Address  
**3389 CYPRESS GARDENS ROAD**      **P. O. BOX 391**  
**WINTER HAVEN, FL 33884 US**      **WINTER HAVEN, FL 33882 US**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0433336</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**LAWRENCE GOUGH**  
**3389 CYPRESS GARDENS ROAD**  
**WINTER HAVEN, FL 33884**

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**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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  **\$5.00** May Be Added to Fees

00000082258  
 03/09/04-80022-011 158.75

**10. OFFICERS AND DIRECTORS**

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

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**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 life empowered.

**SIGNATURE:** *Lawrence W. Gough* **Lawrence W. Gough** / **4/04** **207-532-2267**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #