


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90159 023 \*\*\*150.00

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DOCUMENT # L97069			
1. Entity Name LAWRENCE A. WATERS, JR. CORPORATION			
Principal Place of Business LARRYS AUTOWORKS 51 PASADENA AVE ST PETE, FL 33707 US		Mailing Address LARRYS AUTOWORKS 51 PASADENA AVE ST PETE, FL 33707 US	
2. Principal Place of Business		3. Mailing Address <i>LARRYS Autoworks</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>1602 57TH STREET S</i>	
City & State		City & State <i>GULFPORT FL</i>	
Zip	Country	Zip	Country
		<i>33707</i>	<i>US.</i>
4. FEI Number 59-3024401		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATERS, LAWRENCE A., JR. 1602 57TH STREET SO GULFPORT, FL 33707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Lawrence A Waters Jr</i> <b>LAWRENCE A WATERS JR</b> <i>4-28-06</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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	PD WATERS, LAWRENCE A. JR. 1602 57TH STREET S GULFPORT, FL 33707 <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	STD WATERS, ANN M. 6331 10TH AVENUE SO. GULFPORT, 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Lawrence A Waters Jr</i> <b>LAWRENCE A WATERS JR</b> <i>4/28/06</i> 727 384 883 Signature and typed or printed name of signing officer or director Date Daytime Phone #			