

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/9/2005-90036-046-\$70.00-\$70.00

FILED

05 OCT -7 PM 1:30

DOCUMENT # N04000007587

1. Entity Name
THE LAOS MOVEMENT, INC.



Principal Place of Business
5250 HUNTER BLVD
NAPLES, FL 34116

Mailing Address
5250 HUNTER BLVD
NAPLES, FL 34116



2. Principal Place of Business

5250 Hunter Blvd
Suite, Apt. #, etc.

3. Mailing Address

5250 Hunter Blvd
Suite, Apt. #, etc.

08252005 Chg-NP CR2E037 (10/03)

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
05-0610979

Applied For
Not Applicable

Zip
34116

Country
Collier

Zip
34116

Country
Collier

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORPE, GERALD
5250 HUNTER BLVD
NAPLES, FL 34116

7. Name and Address of New Registered Agent

Name
3250 Hunter Blvd
Street Address (P.O. Box Number is Not Acceptable)
GERALD THORPE
NAPLES, FL 34116
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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	THORPE, GERALD	
STREET ADDRESS	5250 HUNTER BLVD	
CITY- ST- ZIP	NAPLES, FL 34116	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENRY, WALTER	
STREET ADDRESS	694 STERLING PLACE	
CITY- ST- ZIP	BROOKLYN, NY 11216	
TITLE	S	<input type="checkbox"/> Delete
NAME	THORNE, MARLON	
STREET ADDRESS	8414 MARY MOUNT DR	
CITY- ST- ZIP	WINDSOR MILLS, MD 21244	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENRY, WALTER	
STREET ADDRESS	694 STERLING PLACE	
CITY- ST- ZIP	BROOKLYN, NY 11216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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

[Signature] 9/6/05

Date

Daytime Phone #