

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000001386**

1. Entity Name

W.M. LASHLEY & SONS, INC.



Principal Place of Business

352 LAKEPOINT ROAD  
ALFORD, FL 32420

Mailing Address

352 LAKEPOINT ROAD  
ALFORD, FL 32420



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3615534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BONDURANT, FRANK E  
4450 LAFAYETTE STREET  
MARIANNA, FL 32446

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

LASHLEY, THOMAS

STREET ADDRESS

352 LAKEPOINT ROAD

CITY-ST-ZIP

ALFORD, FL 32420

TITLE

D

NAME

LASHLEY, FOY

STREET ADDRESS

352 LAKEPOINT ROAD

CITY-ST-ZIP

ALFORD, FL 32420

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000000400997  
02/02/06-80026-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Foy Lashley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06  
Date

850.579-4320  
Daytime Phone #