


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90020 015 ***150.00

DOCUMENT # P0000007099

1. Entity Name
DOUGLAS LAUGHTERTY, CORP.



Principal Place of Business
**13573 56TH PLACE NORTH
 ROYAL PALM BEACH, FL 33411**

Mailing Address
**13573 56TH PLACE NORTH
 ROYAL PALM BEACH, FL 33411**

2. Principal Place of Business
11819 49th Street North

3. Mailing Address
11819 49th Street North

Suite, Apt. #, etc.



02132004 Chg-P CR2E034 (10/03)

City & State
Royal Palm Beach FL

4. FEI Number
65-0975902

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LAUGHTERTY, DOUGLAS
 13573 56TH PLACE
 ROYAL PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent
 Name
Laughterty Douglas
 Street Address (P.O. Box Number is Not Acceptable)
11819 49th Street North
 City *Royal Palm Beach, FL* Zip Code *33411*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAUGHTERTY, DOUGLAS 13573 56TH PLACE NORTH ROYAL PALM BEACH, FL 33411 <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 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 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: *Douglas Laughterty Douglas Laughterty* **2-19-04 (561) 254-8935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #