


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90073 028 ***150.00

DOCUMENT # P00000007099 1. Entity Name DOUGLAS LAUGHERTY, CORP.	
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Principal Place of Business 11819 49TH ST. N WEST PALM BEACH, FL 33411-9160	Mailing Address 11819 49TH ST. N WEST PALM BEACH, FL 33411-9160
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0975902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUGHERTY, DOUGLAS
11819 49TH ST. N
WEST PALM BEACH, FL 33411

**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 _____ 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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAUGHERTY, DOUGLAS 1819 49TH ST. N ROYAL PALM BEACH, FL 33411
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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: Douglas Laugherty Douglas Laugherty 02-22-08 (56)254-8935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #