## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 04, 2005 8:00 am Secretary of State DOCUMENT # P02000113354 05-04-2005 90187 025 \*\*\*150 00 1. Entity Name LAVOIE ENTERPRISES, INC. Principal Place of Business Mailing Address 4101 CR 561 4101 CR 561 TAVARES, FL 32778 TAVARES, FL 32778 2. Principal Place of Business 3. Mailing Address 13308 Hillwood Cie 13308 Hillwood Cir Suite, Apt. #. etc. Suite, Apt. #, etc. 04212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For HUDSON HUDSON, 71-0916929 Not Applicable Country . . \$8.75 Additional 34667 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAVOIE, NORA R . 13308 HILLWOOD CIR. 14506 CARROLL'S COURT 13308 HILLWOOD CIR. TAVARES, FL 32778 HUDSON, FL 34667 Street Address (P.O. Box Number is Not Acceptable) City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change D ☐ Addition TITLE ☐ Delete TITLE LAVOIE, NORA R NAME NAME 13308 Hillwood CiR. 15506 CARROLL'S COURT STREET ADDRESS STREET ADDRESS HUDSON, FL 34667 CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-ZIP Delete Change Addition THE TITLE NAME LAVOIE, DANIEL R 13308 Hillwood CiR. STREET ADDRESS 15506 CARROLL'S CT STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-ZIP HUDSON, FL 34667 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

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