


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P02000118356	
1. Entity Name LAUGHLIN INVESTMENTS, INC.	

Principal Place of Business 1004 PEMBLE RD. LEESBURG, FL 34748	Mailing Address 1004 PEMBLE RD LEESBURG, FL 34748
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04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2302499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAUGHLIN, DON 1004 PEMBLE RD LEESBURG, FL 34748	DO NOT WRITE IN THIS SPACE
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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

000000550948
05/13/06-80081-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES LAUGHLIN, SARA M PRES 1004 PEMBLE RD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA LAUGHLIN, DON R TREASUR 1004 PEMBLE RD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC LAUGHLIN, DON R SECRETA 1004 PEMBLE RD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. LAUGHLIN, SARA M V.P. 1004 PEMBLE RD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Sara M Laughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06
Date

Daytime Phone #