

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118356

Entity Name: LAUGHLIN INVESTMENTS, INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

1004 PEMBLE RD.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

1004 PEMBLE RD
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 56-2302499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUGHLIN, DON
1004 PEMBLE RD
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LAUGHLIN, SARA M PRES
Address: 1004 PEMBLE RD
City-St-Zip: LEESBURG, FL 34748

Title: TREA () Delete
Name: LAUGHLIN, DON R TREASUR
Address: 1004 PEMBLE RD
City-St-Zip: LEESBURG, FL 34748

Title: SEC () Delete
Name: LAUGHLIN, DON R SECRETA
Address: 1004 PEMBLE RD
City-St-Zip: LEESBURG, FL 34748

Title: V.P. () Delete
Name: LAUGHLIN, SARA M V.P.
Address: 1004 PEMBLE RD
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: RICHTER, JASON G TREASUR
Address: 2067 BRITTANY CT
City-St-Zip: SHAKOPEE, MN 55379

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA M LAUGHLIN

PVP

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date