

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120654

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: LRAC, INC.

## Current Principal Place of Business:

6230 TOWNCENTER CIRCLE  
NAPLES, FL 34119

## New Principal Place of Business:

1925 ISLA DE PALMA CIRCLE  
NAPLES, FL 34119

## Current Mailing Address:

6230 TOWNCENTER CIRCLE  
NAPLES, FL 34119

## New Mailing Address:

1925 ISLA DE PALMA CIRCLE  
NAPLES, FL 34119

FEI Number: 81-0578301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CACIO, ROBYN  
6230 TOWNCENTER CIRCLE  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

CACIO, ROBYN  
1925 ISLA DE PALMA CIRCLE  
NAPLES, FL 34119 US

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

04/22/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: CACIO, ROBYN  
Address: 6230 TOWNCENTER CR.  
City-St-Zip: NAPLES, FL 34119

Title: V ( ) Delete  
Name: CACIO, LOU  
Address: 6230 TOWNCENTER CR.  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CACIO, ROBYN  
Address: 1925 ISLA DE PALMA CIRCLE  
City-St-Zip: NAPLES, FL 34119

Title: V (X) Change ( ) Addition  
Name: CACIO, LOU  
Address: 1925 ISLA DE PALMA CIRCLE  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBYN CACIO

Electronic Signature of Signing Officer or Director

PSTD

04/22/2005

Date