

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # P02000123139

1. Entity Name  
LWS CONTRACTING, INC.



Principal Place of Business  
6489 HWY 441 SE  
OKEECHOBEE, FL 34974-9572

Mailing Address  
6489 HWY 441 SE  
OKEECHOBEE, FL 34974-9572



02062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
06-1662119

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, LAWRENCE W  
6489 HWY 441 SE  
OKEECHOBEE, FL 34974

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

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH, LAWRENCE W  
STREET ADDRESS 6489 HWY 441 SE  
CITY-ST-ZIP OKEECHOBEE, FL 349749572

TITLE VD  
NAME SMITH, LAWRENCE W II  
STREET ADDRESS 6489 HWY 441 SE  
CITY-ST-ZIP OKEECHOBEE, FL 349749572

TITLE STD  
NAME SMITH, CORINNE J  
STREET ADDRESS 6489 HWY 441 SE  
CITY-ST-ZIP OKEECHOBEE, FL 349749572

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000286294  
04/04/05-80025-001 150.00

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE:

*Corinne J. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

Date

863-357-2403

Daytime Phone #

CORINNE J. SMITH