

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90258 048 \*\*\*150.00

**DOCUMENT # P02000132023**

1. Entity Name

KARI B. LAWHORN AND ASSOCIATES, INC.



Principal Place of Business

1024 EARLY AVE.  
WINTER PARK FL 32789

Mailing Address

1024 EARLY AVE.  
WINTER PARK FL 32789

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **41-2075704**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

UNG, DAC  
1024 EARLY AVE.  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LAWHORN, KARI B  
STREET ADDRESS 1024 EARLY AVE.  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete  
NAME ANDREWS, MONICA  
STREET ADDRESS 6115 SIQUENZA DR.  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Delete  
NAME BARTOL, BRANDY  
STREET ADDRESS 1833-HIGH CT.  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE D ☐ Delete  
NAME BARTOL, GEORGE  
STREET ADDRESS 14075 CANAL DR.  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☒ Delete  
NAME BARTOL, HEATHER  
STREET ADDRESS 4863 RIVERTON DR.  
CITY-ST-ZIP ORLANDO FL 32817

TITLE D ☐ Delete  
NAME FERGUSON, AMY  
STREET ADDRESS 1157 MELISSA DR.  
CITY-ST-ZIP ROANOKE TX 76262

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Monica Andrews Willis  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #