

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90028 004 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202005

Chg-P

CR2E034 (10/03)

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, 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          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>LAWHORN, KARI B</b>        |                                 |
| STREET ADDRESS | <b>1024 EARLY AVE.</b>        |                                 |
| CITY-ST-ZIP    | <b>WINTER PARK, FL 32789</b>  |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>ANDREWS WILLIS, MONICA</b> |                                 |
| STREET ADDRESS | <b>6115 SIQUENZA DR.</b>      |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA, FL 32507</b>    |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>BARTOL, BRANDY</b>         |                                 |
| STREET ADDRESS | <b>1833 HIGH CT.</b>          |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE, FL 32304</b>  |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>BARTOL, GEORGE</b>         |                                 |
| STREET ADDRESS | <b>14075 CANAL DR.</b>        |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA, FL 32507</b>    |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>FERGUSON, AMY</b>          |                                 |
| STREET ADDRESS | <b>1157 MELISSA DR.</b>       |                                 |
| CITY-ST-ZIP    | <b>ROANOKE, TX 76262</b>      |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                 |   |
|----------------|---------------------------------|---|
| TITLE          | <b>Name Deleted &amp; Added</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                 |   |
| STREET ADDRESS |                                 |   |
| CITY-ST-ZIP    |                                 |   |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                 |   |
| STREET ADDRESS |                                 |   |
| CITY-ST-ZIP    |                                 |   |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                 |   |
| STREET ADDRESS |                                 |   |
| CITY-ST-ZIP    |                                 |   |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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 #