


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000114551</b> 1. Entity Name <b>LAWFORD PATRICK SANKEY INC</b>	
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Principal Place of Business <b>303 HIGHLAND TRAIL LADY LAKE, FL 32159 US</b>	Mailing Address <b>POST OFFICE BOX 493914 LEESBURG, FL 34749 US</b>
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02082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0299883</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SANKEY, LAWFORD P  
303 HIGHLAND TRAIL  
LADY LAKE, FL 32159**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000558330</b> <b>05/17/06-80084-004 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANKEY, LAWFORD P 303 HIGHLAND TRAIL LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANKEY, LAWFORD P 303 HIGHLAND TRAIL LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECE SANKEY, SHARON M 303 HIGHLAND TRAIL LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SANKEY, SHARON M 303 HIGHLAND TRAIL LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **04-15-2006** **(352) 504-6585**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #