

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90315 023 ***150.00

DOCUMENT # P03000148323

1. Entity Name

LY-ENT INC



Principal Place of Business

GLENN LOUVIERE
5871 CONGRESS ST
GULF BREEZE FL 32563

Mailing Address

GLENN LOUVIERE
5871 CONGRESS ST
GULF BREEZE FL 32563



2. Principal Place of Business

647 Roberts Dr

3. Mailing Address

647 Roberts Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DeFuniak Springs

1st MOORE

CR2E034 (10/05)

City, State

DeFuniak Springs FL

City, State

FL

4. FEI Number

26-0076121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNT, ROBERT R
647 ROBERTS DR
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name ROBERT R YOUNT

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

647 Roberts Dr

DeFuniak Springs

City

FL 32433

FL

Zip Code

32433

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, word or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

4-19-06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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 P
NAME LOUVIERE, GLENN
STREET ADDRESS 5871 CONGRESS ST.
CITY-ST-ZIP GULF BREEZE FL 32563 ☒ Delete

TITLE VP
NAME YOUNT, ROBERT
STREET ADDRESS 647 ROBERTS DR
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

4-19-06

830 254 4613