

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029195

FILED  
Aug 13, 2005  
Secretary of State

Entity Name: FIRST LAMINATIONS, INC.

**Current Principal Place of Business:**

15 LEYLAND CT  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

15 LEYLAND CT  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 20-0736869      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEAVY, JAMES V JR  
15 LEYLAND CT  
CRAWFORDVILLE, FL 32327      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PEAVY, JAMES V JR  
Address: 15 LEYLAND CT  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD ( ) Delete  
Name: MOSELEY, SAMUEL T  
Address: 15 LEYLAND CT  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete  
Name: MOSELEY, ALLISON  
Address: 15 LEYLAND CT  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T ( ) Delete  
Name: PEAVY, LEE N  
Address: 15 LEYLAND CT  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: MOSELEY, SAMUEL T  
Address: 525 MASHES SANDS RD.  
City-St-Zip: PANACEA, FL 32346

Title: S (X) Change ( ) Addition  
Name: MOSELEY, ALLISON  
Address: 525 MASHES SANDS RD.  
City-St-Zip: PANACEA, FL 32346

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES V. PEAVY, JR.

PD

08/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date