


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P04000110331</b><br>1. Entity Name<br><b>L &amp; A DISTRIBUTING OF POLK COUNTY INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>533 OAKLAND ROAD<br/>AUBURNDALE, FL 33823</b> | Mailing Address<br><b>533 OAKLAND ROAD<br/>AUBURNDALE, FL 33823</b> |
|---|---|



04052006 No Chg-P CR2E034 (11/05)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>20-1544384</b>                        | Applied For<br>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<br><b>MERCER, LAWRENCE A<br/>533 OAKLAND ROAD<br/>AUBURNDALE, FL 33823</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|--|---------------------------------------|

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.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MERCER, LAWRENCE A<br>533 OAKLAND ROAD<br>AUBURNDALE, FL 33823 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MERCER, ALDEAN R<br>533 OAKLAND ROAD<br>AUBURNDALE, FL 33823   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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04/22/06-80079-025 150.00

**DO NOT WRITE  
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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: *L. Mercer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/6/06 883 - 967-7025  
Daytime Phone #