

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-23-2005 90001 049 ***158.75

DOCUMENT # P04000110510 1. Entity Name LAO NATIONAL FINANCIAL CORPORATION					
Principal Place of Business 2125 25TH AVE N ST PETERSBURG FL 33713			Mailing Address 2125 25TH AVE N ST PETERSBURG FL 33713		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VORASANE, XOM 2125 25TH AVE N ST PETERSBURG FL 33713				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 re-registering) DATE					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC VORASANE, XOM 2125 25TH AVE N ST PETERSBURG FL 33713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC VORASANE, XOM 2125 25TH Avenue North ,St Petersburg, Florida 33713	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RASY, SOMDY 1993 POTWIN DR BATON ROUGE LA 70810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RASY, SOMDY 1993-POTWIN DR BATON ROUGE, LA 70810	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MANIVONG, SOMCHITH 11681 TUNDRA DR N FT MYERS FL 33917	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MANIVONG, SOMCHITH 11681-TUNDRA DR, N FT MYERS, FL 33917	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: _____ 5/14/05 (727) 894 1611 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					