


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90143 016 \*\*\*150.00

|   |   |                     |  |  |  |
|---|---|---------------------|--|--|--|
| DOCUMENT # P04000138072   |   |                     |  |   |  |
| 1. Entity Name<br>LRT, INC.   |   |                     |  |  |  |
| Principal Place of Business<br>108 KINGFISHER DRIVE<br>PONTE VEDRA BEACH, FL 32082  |   |                     | Mailing Address<br>108 KINGFISHER DRIVE<br>PONTE VEDRA BEACH, FL 32082   |  |  |
| 2. Principal Place of Business<br><i>309 ALTAMONTE Commerce Bldg</i>  |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.<br><i>SUITE 1514</i>  |   | Suite, Apt. #, etc. |  |  |  |
| City & State<br><i>ALTAMONTE SPRINGS FL</i>   |   | City & State        |  |  |  |
| Zip<br><i>32714</i>   |   | Country             |  | Zip  |  |
|   |   |                     |  | Country  |  |
| 6. Name and Address of Current Registered Agent<br><br>FALLON, JAMES<br>108 KINGFISHER DRIVE<br>PONTE VEDRA BEACH, FL 32082   |   |                     |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="text-align: right;">FL</div> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |                     |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |
| 10. OFFICERS AND DIRECTORS  |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <i>PRESIDENT<br/>JAMES FALLON<br/>108 KINGFISHER DR<br/>PONTE VEDRA BEACH, FL 32082</i> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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: <i>James Fallon</i>  |   |                     | Date: <i>2/23/05</i>   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |                     | Daytime Phone #  |  |  |