


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P30354 1. Entity Name LAR-STOCK, INC.	
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Principal Place of Business 202 N COURT ST FLORENCE, AL 35630	Mailing Address P O BOX 1426 FLORENCE, AL 35630 US
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1024659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000272192 03/21/05 80092 014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LARDIE, BILL RTE 8, BOX 38-11 AMARILLO, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STOCKARD, FRANK 6016 BROOKVALE LN. KNOXVILLE, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CLARK, CYNTHIA W. 202 NORTH COURT STREET FLORENCE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ABROMS, MARTIN R. 202 N. COURT ST. FLORENCE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, JOEL R. 202 N. COURT ST. FLORENCE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, CHARLES C., JR 6016 BROOKVALE LN. KNOXVILLE, TN

**DO NOT WRITE
IN THIS SPACE**

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	TREASURER _____	3/1/05 Date	(256) 767-0740 Daytime Phone #
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7003 3110 0001 4303 7386