


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 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



03052007 No Chg-P CR2E034 (11/05)

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

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

U00000717181
04/30/07-80037-025 150.00

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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:  **4/17/07 256-767-0740**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7005 1820 0001 6222 4006