


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000092973</b> <small>1. Entity Name</small> <b>LAUTERBOCK CARPENTRY, INC.</b>	
--	---



<small>Principal Place of Business</small> <b>25610 ARUNDEL WAY SORRENTO FL 32776</b>	<small>Mailing Address</small> <b>25610 ARUNDEL WAY SORRENTO FL 32776</b>
--	--

<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	<small>4. FEI Number</small> <b>59-3288576</b>
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	<small>Applied For</small> <input type="checkbox"/> <b>Not Applicable</b>
<small>City &amp; State</small>	<small>City &amp; State</small>	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<small>Zip</small>	<small>Country</small>	<small>Zip</small>

1st MOORE CR2E034 (10/05)

<b>6. Name and Address of Current Registered Agent</b>  <b>FOUNTAIN, DENNIS F 815 ORIENTA AVENUE STE. 5 ALTAMONTE SPRINGS FL 32701</b>	<b>7. Name and Address of New Registered Agent</b> <small>Name</small> <small>Street Address (P O. Box Number is Not Acceptable)</small>  <small>City</small> <span style="float: right;"><b>FL</b> <small>Zip Code</small></span>
--	--

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> <small>Trust Fund Contribution</small> <input type="checkbox"/> <b>Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<small>TITLE</small>	D FOUNTAIN, DENNIS F	<small>TITLE</small>	
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>	1250 ORIENTA AVENUE STE. 5	<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	ALTAMONTE SPRINGS FL 32701	<small>CITY - ST - ZIP</small>	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>TITLE</small>	P LAUTERBOCK, E. WAYNE	<small>TITLE</small>	
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>	25610 ARUNDEL WAY	<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	SORRENTO FL	<small>CITY - ST - ZIP</small>	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>TITLE</small>		<small>TITLE</small>	
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>TITLE</small>		<small>TITLE</small>	
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>		<small>CITY - ST - ZIP</small>	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Wayne Lauterbock* **LAUTERBOCK** 4-21-2006 352-400-0097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #