2005 FOR PROFIT CORPORATION
ANNUAL REPORT·

DOCUMENT # P95000042876

1. Entity Name
LOUIZES & SONS, INC.

Principal Place of Business	Mailing Address
1101 MAIN STREET DAYTONA BEACH, FL 32118	1101 MAIN STREET DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

01042005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3325180		Applied For Not Applic-
5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOUIZES, JOYCE
1101 MAIN STREET
DAYTONA BEACH, FL 32118

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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 acce 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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PTS
NAME	LOUIZES, JOYCE
STREET ADDRESS	324 NAUTILUS AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	V
NAME	LOUIZES, ELLIE
STREET ADDRESS	324 NAUTILUS AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/05-80041-010 150.00

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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 directo 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JOYCE LOUIZES   1-5-05   1-386-252-84

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #