


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90148 003 ***150.00

DOCUMENT # P96000084621	
1. Entity Name LOURCEY INDUSTRIES, INC.	

Principal Place of Business I-10 WEST BOUND REST AREA MILE MARKER 319 LAKE CITY, FL 32025	Mailing Address RT 13 BOX 990-15 LAKE CITY, FL 32055
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 163 SW Joyful Loop Suite, Apt. #, etc.
City & State	City & State Lake City FL
Zip 32024	Country Columbia



04272004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0712296	Applied For <input type="checkbox"/> No: Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOURCEY, MICHAEL A 1439 S CHURCH STREET APT # E LAKE CITY, FL 32025	7. Name and Address of New Registered Agent Name Michael A. Lourcey Street Address (P.O. Box Number is Not Acceptable) 163 SW Joyful Loop City Lake City FL Zip Code 32024
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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: **Michael A. Lourcey** 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOURCEY, MICHAEL 1439 S CHURCH STREET LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: **Michael A. Lourcey** **Michael A. Lourcey** 4-29-04 386-961-8959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #