

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90038 012 ***150.00

DOCUMENT # P97000044061

1. Entity Name

LORD & OTHERS, INC.



Principal Place of Business

11300 SNIFEL RD
PALMETTO FL 34221

Mailing Address

1771 MANATEE AVE. W.
BRADENTON FL 34205
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0756534

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, JOHN W
3607 E. BAY DR.
SANDY POINT #2, UNIT # 102
BRADENTON BEACH FL 34217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/C ☐ Delete
NAME ADAMS, JOHN W
STREET ADDRESS 3607 E. BAY DR. SANDY PT., #2 UNIT #102
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME CAGNINA, JOHN B
STREET ADDRESS 306 73RD ST
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CLELAND, MAX
STREET ADDRESS 495 E. DOUGLAS ROAD
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PANDOLPH, JOSEPH
STREET ADDRESS 305 CRESCENT DRIVE
CITY-ST-ZIP ANNA MARIA FL 34217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PIPKIN, GENE
STREET ADDRESS 5629 3RD ST WEST
CITY-ST-ZIP BRADENTON FL 34207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN W. ADAMS
JUL 6, 2006
29 APRIL 06

941-920-1350