


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90277 034 \*\*\*158.75

<b>DOCUMENT # P99000062850</b>	
1. Entity Name <b>LAURA ASSOCIATES, INC.</b>	

Principal Place of Business <del>3168 HWY 17 SOUTH</del> <del>ORANGE PARK, FL 32073</del>	Mailing Address <del>3168 HWY 17 SOUTH</del> <del>ORANGE PARK, FL 32073</del>
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**34010001**



2. Principal Place of Business <b>1401 Kingsley Avenue</b>	3. Mailing Address <b>1401 Kingsley Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State <b>Orange Park, FL</b>	City & State <b>Orange Park, FL</b>
Zip <b>32073</b>	Country <b>USA</b>

4. FEI Number <b>59-3588604</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TAYLOR, GLENN A</b> <b>2301 PARK AVE., STE. 404</b> <b>ORANGE PARK, FL 32073</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DALTON, PETER O</b> <b>3168 HWY 17 SOUTH</b> <b>ORANGE PARK, FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNTLEY, LOUIS</b> <b>1890 KINGSLEY AVE.</b> <b>ORANGE PARK, FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1401 Kingsley Avenue</b> <b>Orange Park, FL 32073</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**Peter O. Dalton**