

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000066617

1. Entity Name
LPA, INC.



Principal Place of Business
2605 SW 33RD ST
BLDG #200
OCALA, FL 34474

Mailing Address
P O BOX 2495
OCALA, FL 34478-2495



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3588351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK, KENNETH B
2605 SW 33RD ST
BLDG #200
OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000472157
03/29/06-80024-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KIRKPATRICK, KENNETH B
STREET ADDRESS 2605 SW 33RD ST BLDG #200
CITY-ST-ZIP Ocala, FL 34474

TITLE VD
NAME KIRKPATRICK, SUZANNE R
STREET ADDRESS 307 SE 21 TERR
CITY-ST-ZIP Ocala, FL 34471

TITLE D
NAME KIRKPATRICK, JOHN W
STREET ADDRESS 2605 SW 33RD ST BLDG #200
CITY-ST-ZIP Ocala, FL 34474

TITLE D
NAME DAY, JAMES E
STREET ADDRESS 1320 SE 25 LOOP
CITY-ST-ZIP Ocala, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Ken Kirkpatrick

2/9/06

352/369-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #