


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # V29196 1. Entity Name LORD CULTURAL RESOURCES PLANNING & MANAGEMENT INC. |  |
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|--|--|
| Principal Place of Business 3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 | Mailing Address 3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 |
|--|--|

DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-0329823 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**THOMSON BROCK CHERRY & COMPANY
 3375-G CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LORD, GAIL DEXTER 301 DAVENPORT RD. TORONTO, ON |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS LORD, BARRY 301 DAVENPORT RD. TORONTO, ON |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP NICKS, JOHN 301 DAVENPORT RD. TORONTO, ON |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MILLS, STEPHEN 301 DAVENPORT RD. TORONTO, ON |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1100000434890
 02/25/06-80021-004 150.00
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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:  **Jan 31, 2006** **416-9282292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #