2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 17, 2006 08:00 AN Secretary of State DOCUMENT # P95000095996 1. Entity Name LAAK AND SON INC. Principal Place of Business Mailing Address KEY LARGO F 25 OCEAN DR. N. KEY LARGO FL 33037 N. KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State Cily & State 4. FEI Number 65-0636422 Not Applicab! Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAAK, NICOLA B Street Address (P.O. Box Number is Not Acceptable) 25 OCEAN DRIVE N. KEY LARGO FL 33037 Zip Code City 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 tamiliar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when roinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change Addition Delete TITLE TITLE LAAK, PETER J NAME NAME UOOO00510979 29/06-80031-007 150.00 STREET ADDRESS 25 OCEAN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. KEY LARGO FL 33037 ☐ Change ☐ Addition Delete TITLE NAME LAAK, NICOLA B NAME STREET ADDRESS 25 OCEAN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. KEY LARGO FL 33037 Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY - ST-ZIF ☐ Change Addition Delete DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete THEF HUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: