2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P00078

1. Entity Name
LAMON & STERN, INC.

Principal Place of Business	Mailing Address
1950 NORTH PARK PLACE SUITE 100 ATLANTA, GA 30339-2044	1950 NORTH PARK PLACE SUITE 100 ATLANTA, GA 30339-2044

01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1334773
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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	PTD
NAME	LAMON, HOLLIS M
STREET ADDRESS	3021 WELLINGTON COURT
CITY-ST-ZIP	ATLANTA, GA
TITLE	AS
NAME	FARMER, MICHELLE D
STREET ADDRESS	569 STRATFORD DR.
CITY-ST-ZIP	DOUGLASVILLE, GA 30134
TITLE	VSD
NAME	STERN, MICHAEL J.
STREET ADDRESS	10 FINCH FOREST TRAIL
CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Hollis M. Lamon | 1/23/06 | (770) 951-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #