


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90129 049 \*\*\*150.00

**DOCUMENT # P06000063189**

1. Entity Name  
**LEWIS & SONS ENTERPRISES, INC.**



Principal Place of Business  
**14680 ANGUS ROAD**  
**POLK CITY, FL 33868**

Mailing Address  
**14680 ANGUS ROAD**  
**POLK CITY, FL 33868**

2. Principal Place of Business - No P.O. Box #  
**4027 N C 470**

3. Mailing Address  
**4027 N C 470**

Suite, Apt. #, etc.

City & State  
**LAKE PANASOFFKEE, FL**

City & State  
**LAKE PANASOFFKEE, FL**

Zip  
**33538**

Country  
**USA**

07112007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**LEWIS, MICHAEL B JR.**  
**14680 ANGUS ROAD**  
**POLK CITY, FL 33868**

4. FEL Number  
**03-0597345**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**Michael B Lewis Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**4027 N C 470**

City  
**LAKE PANASOFFKEE FL**

Zip Code  
**33538**

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 *Michael B Lewis Jr.* DATE **7/11/07**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Michael Bryan Lewis Jr.</b> <b>4027 N C 470</b> <b>Lake Panasoffkee, FL 33538</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Michael B Lewis Jr.</b> <b>537 Hunters Run Blvd.</b> <b>Lakeland, FL 33810</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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: *Michael B Lewis Jr.* DATE **7/11/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

401602-

