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**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

09-27-2004 90003 034 \*\*\*150.00

<b>DOCUMENT # P95000088001</b> Entity Name <b>LAMONT, INC.</b>	
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Principal Place of Business <b>6037 VILLAGE CIR. N. ORLANDO, FL 32822 US</b>	Mailing Address <b>PO BOX 62 ORLANDO, FL 32802 US</b>
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14027460



09222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3348109</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**JOHNSON, STEVEN L.  
6037 VILLAGE CIR N  
ORLANDO, FL 32822**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	PD JOHNSON, STEVEN L 6037 VILLAGE CIR N ORLANDO, FL 32822
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Steven L. Johnson, Pres 9/22/04 407341-0224

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