2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000088001

1. Entity Name
LAMONT, INC.

Principal Place of Business	Mailing Address
6037 VILLAGE CIR. N. ORLANDO, FL 32822 US	PO BOX 62 ORLANDO, FL 32802 US

DO NOT WRITE IN THIS SPACE

01172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3348109	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U000000214052
02/03/05-80096-002 158.75

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	JOHNSON, STEVEN L
STREET ADDRESS	6037 VILLAGE CIR N
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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_   1 Feb 05 (407)341-0224

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