


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90022 038 \*\*\*150.00

**DOCUMENT # P95000088001**

1. Entity Name  
**LAMONT, INC.**



Principal Place of Business  
**6574 N STATE ROAD SEVEN  
PMB 115  
COCONUT CREEK, FL 33073 US**

Mailing Address  
**6574 N STATE ROAD SEVEN  
PMB 115  
COCONUT CREEK, FL 33073 US**

40030587



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03062006 Chg-P CR2ED34 (11/05)

4. FEI Number  
**59-3348109**

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

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

*680 DIANE COURT  
CASSELBERRY, FL 32707*

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

I, 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 executing)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	JOHNSON, STEVEN L	6037 VILLAGE CIR N	ORLANDO, FL 32822	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V. PRES	MARCADEON SHARROW	715 N. YING Street Apt 12	CHARLESTON, AR 72933	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	CHARLES J. DIPARDO	6687 N.W. 66th AVE	PARKLAND, FL 33067	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	JOHNSON, STEVEN L.	680 DIANE COURT	CASSELBERRY, FL 32707	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* **3/6/06 (467) 341-0224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #