

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000085429

Entity Name: LEMONT SERVICES, INC.

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

28224 MEDOWLARK LANE  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1615  
BONITA SPRINGS, FL 34133

**New Mailing Address:**

FEI Number: 65-0950704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEMONT, JEROME  
28224 MEDOWLARK LANE  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEMONT, JEROME  
Address: 28224 MEDOWLARK LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VST  
Name: LEMONT, DEE ANN  
Address: 28224 MEDOWLARK LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEROME LEMONT

P

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date