


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 117721</b> 1. Entity Name <b>A.M. LEWIS INCORPORATED</b>	
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Principal Place of Business <b>PO BOX 2523 PANAMA CITY, FL 32402 US</b>	Mailing Address <b>PO BOX 2523 PANAMA CITY, FL 32402 US</b>
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04192006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0331900</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MOORE, JOE F. 1200 WEST BEACH DRIVE PANAMA CITY, FL 32401</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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 MOORE, JOE F 1200 W. BEACH DR. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEWIS, ELEANOR W 715 BUENA VISTA BLVD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, NANCY L. 1200 W. BEACH DR. PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000528412  
05/05/06-80036-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Nancy L Moore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06  
Date

Daytime Phone #