


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90078 048 ***150.00

DOCUMENT # 153335
 1. Entity Name
LEHMAN PIPE AND PLUMBING SUPPLY INC.



Principal Place of Business JULIAN D LEHMAN 230 N W 29TH ST MIAMI, FL 33127 US	Mailing Address JULIAN D LEHMAN 230 N W 29TH ST MIAMI, FL 33127 US
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40013841



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0576183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEHMAN, JULIAN
230 NW 29TH ST
MIAMI, FL 33137

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 _____
Signatures, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	CD LEHMAN, JULIAN 2000 TOWERSIDE TERR #512 NO MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEHMAN, BETTY D 2000 TOWERSIDE TERR #512 NO MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEHMAN, DENNIS 10701 SW 88TH CT MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: X *[Signature]* **2/09/07 305-576-3054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[Handwritten signature]
DENNIS LEHMAN