

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUN 30 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #445554

1. Entity Name
LUNSFORD BROTHERS, INC.



Principal Place of Business
161 NORTH CAUSEWAY, SUITE 8
NEW SMYRNA BEACH, FL 32169

Mailing Address
161 NORTH CAUSEWAY, SUITE 8
NEW SMYRNA BEACH, FL 32169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6212006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-1517574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, WILLIAM L JR
221 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32069

7. Name and Address of New Registered Agent

Name Edwin C. Lunsford, Jr.

Street Address (P.O. Box Number is Not Acceptable)
161 N. Causeway, Suite 8

City New Smyrna Beach

FL

Zip Code
32169

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 11b if applicable.

Edwin C. Lunsford, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LUNSFORD, JOSEPH L
STREET ADDRESS 900 N.W. 6TH TERRACE
CITY-ST-ZIP BOCA RATON, FL ☒ Delete

TITLE V
NAME LUNSFORD, EDWIN C JR
STREET ADDRESS 161 N CAUSEWAY SUITE 8
CITY-ST-ZIP NEW SMYRNA BEACH, FL ☐ Delete

TITLE D
NAME LUNSFORD, JOSEPH L
STREET ADDRESS 900 N.W. 6TH TERRACE
CITY-ST-ZIP BOCA RATON, FL ☒ Delete

TITLE D
NAME LUNSFORD, EDWIN C JR
STREET ADDRESS 161 N CAUSEWAY SUITE 8
CITY-ST-ZIP NEW SMYRNA BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PS
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP
NAME James S. Lunsford
STREET ADDRESS 2260 Chrysler Terrace
CITY-ST-ZIP Atlanta, GA 30345 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-06

386-427-6474

Date

Daytime Phone #