

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE

04022007 No 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

**LUNSFORD, JR., EDWIN C
161 N. CAUSEWAY
SUITE 8
NEW SMYRNA BEACH, FL 32169**

**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 reissuing)

DATE

**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	PS LUNSFORD, JR., EDWIN C 161 N CAUSEWAY SUITE 8 NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUNSFORD, JAMES 2260 CHRYSLER TERRACE ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSFORD, EDWIN C JR 161 N CAUSEWAY SUITE 8 NEW SMYRNA BEACH, FL
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04/17/07-80065-002 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07

Date

386-427-6474

Daytime Phone #