


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 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	



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1517574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 reissuing) 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**

U000000837792
03/05/08-80004-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE PS	LUNSFORD, JR., EDWIN C
NAME	161 N CAUSEWAY SUITE 8
STREET ADDRESS	NEW SMYRNA BEACH, FL
CITY-ST-ZIP	
TITLE VP	LUNSFORD, JAMES
NAME	2260 CHRYSLER TERRACE
STREET ADDRESS	ATLANTA, GA 30345
CITY-ST-ZIP	
TITLE D	LUNSFORD, EDWIN C JR
NAME	161 N CAUSEWAY SUITE 8
STREET ADDRESS	NEW SMYRNA BEACH, FL
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: Edwin C. Lunsford 2/19/08 386-427-6474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #