


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 493748**  
 1. Entity Name  
**LUNSFORD PROPERTIES, INC.**



Principal Place of Business      Mailing Address  
**161 N. CAUSEWAY SUITE 8**      **161 N. CAUSEWAY SUITE 8**  
**NEW SMYRNA BEACH, FL 32169-5300**      **NEW SMYRNA BEACH, FL 32169-5300**

**DO NOT WRITE IN THIS SPACE**



01182006    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**59-1642380**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee, if applicable.      (NOTE: Registered Agent signature required when remaining)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

1000000411949  
 02/10/06-80028-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUNSFORD, E.C. JR.
STREET ADDRESS	161 N. CAUSEWAY SUITE 8
CITY - ST - ZIP	NEW SMYRNA BCH, FL
TITLE	D
NAME	LUNSFORD, E.C. JR
STREET ADDRESS	161 N. CAUSEWAY SUITE 8
CITY - ST - ZIP	NEW SMYRNA BCH, FL
TITLE	V
NAME	LUNSFORD, AUBREY S.
STREET ADDRESS	161 N. CAUSEWAY SUITE 8
CITY - ST - ZIP	NEW SMYRNA BCH, FL
TITLE	D
NAME	LUNSFORD, AUBREY S.
STREET ADDRESS	161 N. CAUSEWAY SUITE 8
CITY - ST - ZIP	NEW SMYRNA BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: E.C. Lunsford Jr.      Date: 1/25/06      3864276474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #