


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 493748 1. Entity Name LUNSFORD PROPERTIES, INC.	
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Principal Place of Business 161 N. CAUSEWAY SUITE 8 NEW SMYRNA BEACH, FL 32169-5300	Mailing Address 161 N. CAUSEWAY SUITE 8 NEW SMYRNA BEACH, FL 32169-5300
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01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1642380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BREWER, MICHAEL L  
 500 CANAL STREET  
 NEW SMYRNA BEACH, FL 32168

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000837793 03/05/08-30004-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNSFORD, E.C. JR. 161 N. CAUSEWAY SUITE 8 NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSFORD, E.C. JR. 161 N. CAUSEWAY SUITE 8 NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUNSFORD, AUBREY S 161 N. CAUSEWAY SUITE 8 NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSFORD, AUBREY S. 161 N. CAUSEWAY SUITE 8 NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUNSFORD, JAMES S 2200 CHRYSLER TERRACE ATLANTA, GA 30345
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:  2/19/08 386-427-6474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #