2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #612755

1. Entity Name

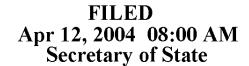
LEHMAN MANUFACTURING COMPANY, INC.



Principal Place of Business

Mailing Address

1000 EAST WILLIAM STREET, STE. 204 CARSON CITY, NV 89701 US 1000 EAST WILLIAM STREET, STE. 204 CARSON CITY, NV 89701 US





04052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 22-1868987 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 526 E. PARK AVENUE TALL., FL 32301

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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					
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	0000000 (0159 04713794-80004-904-)50.80
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDEN, PRESTON 1000 EAST WILLIAM STREET, STE. 2 CARSON CITY, NV 89701	04			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON, BARBARA 1000 EAST WILLIAM STREET, STE. 204 CARSON CITY, NV 89701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLINS, WILLIAM T 1000 EAST WILLIAM STREET, STE. 2 CARSON CITY, NV 89701	204	DO NOT WRITE IN THIS SPACE		
THTLE NAME STREET ADDRESS CITY-ST-ZIP	AT POSTIGLIONE, WILLIAM J 1000 EAST WILLIAM STREET, STE. 2 CARSON CITY, NV 89701	204			
TITLE NAME STREET ADDRESS GITY - ST - ZIP	AS SULLIVAN, JANICE A 1000 EAST WILLIAM STREET, STE. 2 CARSON CITY, NV 89701	204			
TITLE					

12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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 trustree 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:

STREET ADDRESS

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04

Daytime Phone #