## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 680464  1. Entity Name					
LEHMANN DEVELOPMENT CORPORATION					
Principal Plac	ce of Business	Mailing Address	1		
4944 CEDAI		POST OFFICE BOX 4417 CLEARWATER, FL 33758			
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4	OO NOT WRITE	IN THIS SPA	CE.	4. FEI Number	Applied For
	And the second s		ig is 1994, princip	59-3267604	Not Applicable
			reach and the second	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re				to the second
LEHMANN, JOHN 4944 CEDARBROOK LANE				DO NOT WI	RITE
HERNANDO BEACH, FL 34607				IN THIS SPA	ACE
! 					
8. The above the obligat	e named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or register	red agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and t	ille il applicable. (NOTE: Registere	d Agent signature required	( when reinstating)	DATE
<del> </del>					
After M	E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.		.00 May Be ed to Fees	
10.	OFFICERS AND DIF	ECTORS	Manager and and	Control of the Control of the South	
TITLE NAME	LEHMANN, JOHN			The second second second second	
STREET ADDRESS	4944 CEDARBROOK LANE		santant turn	00000034	7823
CITY-ST-ZIP	HERNANDO BEACH, FL 34607	<del>-4</del>		04/30/05-80	132-021 150,00
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CITY-ST-ZIP		÷ <u> </u>		And the second	
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CITY-ST-ZIP	<u></u> .			and the second of the second o	
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NAME					
STREET ADDRESS CITY-ST-ZIP					
	Cortify that the information supplied with this	filing does not qualify for the exer	nption stated in Sec	ction 119.07(3)(i), Florida Statutes. I fu	rther certify that the information
12. I heroby cortify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.					
of the con	on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address.	ed to execute this report as requir	od by Chapter 607,	, Florida Statutes, and that my name a	ppears in Block 10 or Block 11 if
of the con changed,	on this report or supplemental report is true poration or the recolver or trustee empower, or on an attachment with an address, with	ed to execute this report as requir all other like empawated.	od by Chapter 607,	Florida Statutes, and that my name a	ppears in Block 10 or Block 11 if
of the con changed,	or on an attachment with an address, with	ed to execute this report as required to the rike empowered.	od by Chapter 607,	Florida Statutes, and that my name a	ppears in Block 10 or Block 11 if  352-54-2588  Deyane Plane 1