

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90034 006 \*\*\*\*61.25

**DOCUMENT # 701104**

1. Entity Name

LEXINGTON ARMS, INC.



Principal Place of Business

2850 N.E. 30TH ST.  
FT. LAUDERDALE FL 33306

Mailing Address

2850 N.E. 30TH ST.  
FT. LAUDERDALE FL 33306

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#11

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-0954301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATER, LOUISE  
2850 N.E. 30TH ST., #11  
FT. LAUDERDALE FL 33306

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EPOSITO, PAM	
STREET ADDRESS	2850 NE 307L ST. #18	
CITY- ST- ZIP	FORT LAUDERDALE FL 33306	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	PATER, LOUISE	
STREET ADDRESS	2850 NE 30TH ST #11	
CITY- ST- ZIP	FT. LAUDERDALE FL 33306	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARSENAULT, JACK	
STREET ADDRESS	2850 NE 30TH ST #12	
CITY- ST- ZIP	FORT LAUDERDALE FL 33306	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WHELAN, BILL	
STREET ADDRESS	2850 NE 30TH ST #13	
CITY- ST- ZIP	FORT LAUDERDALE FL 33306	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARK, KEVIN	
STREET ADDRESS	2850 NE 30TH ST. #8	
CITY- ST- ZIP	FORT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V. Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK COLLINS	
STREET ADDRESS	2850 NE 30th St #19	
CITY- ST- ZIP	FT LdL FL 33306	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard Schoeffel	
STREET ADDRESS	2850 NE 30th St #9	
CITY- ST- ZIP	FT LdL FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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

*Louise Pater, Treas*

3-10-07 617-721-4418