

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91240 034 \*\*\*150.00

**DOCUMENT # 826804**

1. Entity Name  
**LAMPTON-LOVE, INC.**



Principal Place of Business  
P.O. BOX 1607  
JACKSON, MS 39215-1607

Mailing Address  
P.O. BOX 1607  
JACKSON, MS 39215-1607

**24067217**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

64-0445076

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
STONE, KATHRYN  
2829 LAKELAND DRIVE  
JACKSON, FL 39232 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
LAMPTON, LESLIE B. III  
2829 LAKELAND DRIVE  
JACKSON, MS 39232 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
MOODY, KAREN C.  
2829 LAKELAND DRIVE  
JACKSON, MS 39232 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LAMPTON, LESLIE B.  
2829 LAKELAND DRIVE  
JACKSON, MS 39232 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
LOVE, JR. ROBERT  
2829 LAKELAND DRIVE  
JACKSON, MS 39232 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
Stone, Kathryn  
2829 Lakeland Drive  
Jackson, MS 39232 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Lampton, Leslie B. III  
2829 Lakeland Drive  
Jackson, MS 39232 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
Busby, A. Patrick  
2829 Lakeland Drive  
Jackson, MS 39232 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Lampton, Lee C.  
2829 Lakeland Drive  
Jackson, MS 39232 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby 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 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:

*MRS Karen C. Moody*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

(601) 933-3400

Daytime Phone #