

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

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**



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0445076

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 restate) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**ST
STONE, KATHRYN
2829 LAKELAND DRIVE
JACKSON, FL 39232**

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BUSBY, A. PATRICK
2829 LAKELAND DRIVE
JACKSON, MS 39232**

U00000358521
05/04/05-80158-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **MS. Karen C. Moody, Asst. Secretary** 4/25/05 (601)933-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #