

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 826804

1. Entity Name
LAMPTON-LOVE, INC.



Principal Place of Business
**2829 LAKELAND DRIVE
JACKSON, MS 39232**

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



03032008 No Chg-P CR2E034 (11/05)

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:

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000948484
06/02/08-80057-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	STONE, KATHRYN MS.
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
TITLE	D
NAME	LAMPTON, III, LESLIE B MR.
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
TITLE	AS
NAME	MOODY, KAREN C MRS.
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
TITLE	PD
NAME	LAMPTON, LESLIE B MR.
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
TITLE	VPD
NAME	LOVE, JR., ROBERT Y MR.
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232
TITLE	VPD
NAME	BUSBY, A. PATRICK MR.
STREET ADDRESS	2829 LAKELAND DRIVE
CITY-ST-ZIP	JACKSON, MS 39232

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date

601-933-3400
Daytime Phone #