

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826804

Entity Name: LAMPTON-LOVE, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

2829 LAKELAND DRIVE
JACKSON, MS 39232

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1607
JACKSON, MS 392151607

New Mailing Address:

FEI Number: 64-0445076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: STONE, KATHRYN MS.
Address: 2829 LAKELAND DRIVE
City-St-Zip: JACKSON, MS 39232

Title: D () Delete
Name: LAMPTON, III, LESLIE B MR.
Address: 2829 LAKELAND DRIVE
City-St-Zip: JACKSON, MS 39232

Title: AS () Delete
Name: MOODY, KAREN C MRS.
Address: 2829 LAKELAND DRIVE
City-St-Zip: JACKSON, MS 39232

Title: PD () Delete
Name: LAMPTON, LESLIE B MR.
Address: 2829 LAKELAND DRIVE
City-St-Zip: JACKSON, MS 39232

Title: VPD () Delete
Name: LOVE, JR., ROBERT Y MR.
Address: 2829 LAKELAND DRIVE
City-St-Zip: JACKSON, MS 39232

Title: VPD () Delete
Name: BUSBY, A. PATRICK MR
Address: 2829 LAKELAND DRIVE
City-St-Zip: JACKSON, MS 39232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN C MOODY

AS

04/21/2009

Electronic Signature of Signing Officer or Director

Date