

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826804

FILED  
Apr 20, 2011  
Secretary of State

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

**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 US

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN C MOODY

AS

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date