

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000004306

1. Entity Name

LYMTAL INTERNATIONAL, INC.



Principal Place of Business

4150 S. LAPEER ROAD
ORION, MI 48359

Mailing Address

4150 S. LAPEER ROAD
ORION, MI 48359



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

38-3152636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

BUSCH, GARY
LYMTAL INTERNATIONAL, INC.
60 OCEAN BLVD, SUITE 5
ATLANTIC BEACH, FL 32233

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution... ☐

\$5.00 May Be
Added to Fees

000000437356

02/28/06-80037-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
LYMBURNER, FRANCIS M
811 WEST RIDGE CT
LAKE ORION, MI 48359

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
TALAAT, MAGDY M
1502 HEATHERWOOD DR.
TROY, MI 48068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

MAGDY M TALAAT 2-02-06

Date

Daytime Phone #