


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90214 017 ***150.00

DOCUMENT # F02000001094	
1. Entity Name LNS ASSOCIATES, INC.	

Principal Place of Business 103 SEA MARSH ROAD AMELIA ISLAND FL 32034	Mailing Address 103 SEA MARSH ROAD AMELIA ISLAND FL 32034
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2. Principal Place of Business Suite, Apt. #, etc. 9 Marsh Hawk	3. Mailing Address Suite, Apt. #, etc. 9 Marsh Hawk
City & State Amelia Island FL 32034	City & State Amelia Island FL 32034
Zip 32034 Country USA	Zip 32034 Country USA

1st MOORE CR2E034 (10/04)

4. FEI Number 58-2083008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUDDATH, LOVICK P 103 SEA MARSH ROAD AMELIA ISLAND FL 32034	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9 Marsh Hawk City Amelia Island FL Zip Code 32034	

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUDDATH, LOVICK P 103 SEA MARSH ROAD AMELIA ISLAND FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9 Marsh Hawk Amelia Island FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SUDDATH, NINA B 103 SEA MARSH ROAD AMELIA ISLAND FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9 Marsh Hawk Amelia Island FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lovick P. Suddath **Lovick P. Suddath** **4/25/05 904-277-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #