

**2005****ANNUAL REPORT****FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State****DOCUMENT #M07000004214**1. Entity Name  
**LUNSFORD REAL ESTATE LLC**Principal Place of Business  
**3601 W. BETHEL AVENUE  
MUNCIE, IN 47304**Mailing Address  
**3601 W. BETHEL AVENUE  
MUNCIE, IN 47304****DO NOT WRITE IN THIS SPACE**

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**35-2149615**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****KREMSKI, JOHN  
C/O RE/MAX REALTY GROUP  
7980 SUMMERLIN LAKES DR. 201  
FORT MYER, FL 33907****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, 2005 Fee will be \$550.00****9. Election Campaign Financing  
Trust Fund Contribution.** ☐**\$5.00 May Be  
Added to Fees****10. OFFICERS AND DIRECTORS****TITLE MGRM  
NAME LUNSFORD, MICHAEL O  
STREET ADDRESS 3601 W. BETHEL AVENUE  
CITY-ST-ZIP MUNCIE, IN 47304****TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP****TITLE  
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CITY-ST-ZIP****TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**000000179683  
01/13/05-80027-017 150.00**DO NOT WRITE  
IN THIS SPACE****12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05

Date

(765) 289-2228

Daytime Phone #