

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90458 021 ***150.00



DOCUMENT # F05000006619

1. Entity Name

LESMAR CORP.

Principal Place of Business

37102 COUNTY ROAD, #452
 GRAND ISLAND FL 32735

Mailing Address

P.O. BOX 350112
 GRAND ISLAND FL 32735



2. Principal Place of Business

37102 COUNTY ROAD #452

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 350112

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

GRAND ISLAND, FLORIDA

Zip
 32735

Country
 USA

City & State

GRAND ISLAND, FLORIDA

Zip
 32735

Country
 USA

4. FEI Number

56-1090957

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAXEY, R L
 37102 COUNTY ROAD, #452
 GRAND ISLAND FL 32735

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

R L Maxey

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	MAXEY, R L	
STREET ADDRESS	37102 COUNTY ROAD, #452	
CITY-ST-ZIP	GRAND ISLAND FL 32735	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

R L Maxey R L MAXEY, PRESIDENT APRIL 5 2006 352-4839337