


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007464	
1. Entity Name LEMOINE INVESTMENTS, INC.	

Principal Place of Business 203 LOOKOUT PLACE STE A MAITLAND, FL 32751	Mailing Address 203 LOOKOUT PLACE STE A MAITLAND, FL 32751
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03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3441618	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 MEINERS, LOUIS M JR 3073 HORSESHOE DRIVE SOUTH STE 210 NAPLES, FL 34104

**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**

**U000000480412
04/10/06-80043-007-150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PARKS, LINDA G.T. 203 LOOKOUT PLACE STE A MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAJSWOL, ERAN 232 CLINTON STREET HOBOKEN, NJ 07030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, LAWRENCE D 325 COLUMBIA TURNPIKE FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYES, GEORGE L III 5959 CENTRAL AVE STE 201 ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:  **LINDA G.T. PARKS** **3-22-06 (407) 539-1331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #