

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90080 028 \*\*\*158.75

**DOCUMENT # F64598**  
 1. Entity Name  
 LEMKCO FLORIDA, INC.



40019897



Principal Place of Business  
 10599 FAIRCHILD RD  
 SPRING HILL, FL 34606

Mailing Address  
 10599 FAIRCHILD RD  
 SPRING HILL, FL 34606 US

2. Principal Place of Business  
*21 Payne Close*  
 Suite, Apt. #, etc.  
*Red Deer, Alberta*

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
*Canada*

City & State

Zip  
*T4P-1T6* Country  
*Canada.*

.01132006 Chg-P CR2E034 (11/05)

4. FEI Number  
 59-2159127

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KAHARYSHYN, JAMES  
 10599 FAIRCHILD ROAD  
 SPRING HILL, FL 346089

7. Name and Address of New Registered Agent  
 Name  
*Lemkco Florida Inc.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*10599 Fairchild Road*  
 City  
*Spring Hill FL* Zip Code  
*34609*

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]* DATE *11/3/6*

(NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAHANYSHYN, MICHAEL 10599 FAIRCHILD ROAD SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Spring Hill, FL 34609</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAHANYSHYN, MAY 10599 FAIRCHILD ROAD SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Spring Hill, FL 34609</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAHANYSHYN, JAMES 10599 FAIRCHILD ROAD SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Secretary</i> <i>Spring Hill, FL 34609</i>
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 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: *Michael Kahanyshyn* Date: *01/17/06* Daytime Phone #: *352-688-8888*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael Kahanyshyn.*