


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
21 DAYPIE CLOSE **10599 FAIRCHILD RD**
RED DEER, ALBERTA **SPRING HILL, FL 34606 US**
CANADA T4P116, XX

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2159127 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 34609

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KAHANYSHYN, MICHAEL
STREET ADDRESS	10599 FAIRCHILD ROAD
CITY - ST - ZIP	SPRING HILL, FL 34609
TITLE	VD
NAME	KAHANYSHYN, MAY
STREET ADDRESS	10599 FAIRCHILD ROAD
CITY - ST - ZIP	SPRING HILL, FL 34609
TITLE	MGRM
NAME	KAHANYSHYN, JAMES
STREET ADDRESS	10599 FAIRCHILD ROAD
CITY - ST - ZIP	SPRING HILL, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

UB00000577214
 01/08/07-80007-016 150.00

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: _____ DATE: 1/3/07 350-650-1116
Signature, typed or printed name of signing officer or director Date Corporate Phone #