

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F64598

Entity Name: LEMKCO FLORIDA, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

21 PAYNE CLOSE  
RED DEER, AB T4P-1T6 XX

## New Principal Place of Business:

10599 FAIRCHILD ROAD  
SPRING HILL, FL 34608

## Current Mailing Address:

10599 FAIRCHILD RD  
SPRING HILL, FL 34606 US

## New Mailing Address:

10599 FAIRCHILD ROAD  
SPRING HILL, FL 34608

FEI Number: 59-2159127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAHANYSHYN, JAMES  
10599 FAIRCHILD ROAD  
SPRING HILL, FL 34609 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KAHANYSHYN, MICHAEL,  
Address: 10599 FAIRCHILD ROAD  
City-St-Zip: SPRING HILL, FL 34609

Title: VD ( ) Delete  
Name: KAHANYSHYN, MAY,  
Address: 10599 FAIRCHILD ROAD  
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM ( ) Delete  
Name: KAHANYSHYN, JAMES  
Address: 10599 FAIRCHILD ROAD  
City-St-Zip: SPRING HILL, FL 34609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES KAHANYSHYN

MGRM

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date