

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000000386

1. Entity Name
LAMAR ASSET MANAGEMENT AND REALTY, INC.



Principal Place of Business
365 SOUTH STREET
MORRISTOWN, NJ 07960

Mailing Address
365 SOUTH STREET
MORRISTOWN, NJ 07960



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3113213

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 restate.)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KALKUS, MARK
365 SOUTH STREET
MORRISTOWN, NJ 07960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LANG, LARRY
365 SOUTH STREET
MORRISTOWN, NJ 07960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
QUINN, JACQUELYN S
365 SOUTH STREET
MORRISTOWN, NJ 07960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
KALKUS, PETER
365 SOUTH STREET
MORRISTOWN, NJ 07960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BOSS, CORY D.
365 SOUTH STREET
MORRISTOWN, NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SHERMAN, LAVINA
365 SOUTH STREET
MORRISTOWN, NJ

000000167056
07/19/04-80009-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04 973-285-0660

Date

Daytime Phone #