

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 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



02082005 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

6. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

U00000351362
05/02/05-80141-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/05