


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 08:00 AM
Secretary of State

DOCUMENT # G13562			
1. Entity Name LECHALET CAMPER SALES, INC.		Principal Place of Business % ROGER D. PARKER 5639 HIGHWAY 231 PANAMA CITY FL 32404	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		Mailing Address % ROGER D. PARKER 5639 HIGHWAY 231 PANAMA CITY FL 32404 Suite, Apt. #, etc.	
3. Mailing Address City & State		4. FEI Number 59-2273032 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent PARKER, ROGER D. 5639 HWY. 231 PANAMA CITY FL 32404		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP PARKER, ROGER D. 5639 HIGHWAY 231 PANAMA CITY FL <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	DST PARKER, MARLA H 5639 HWY 231 PANAMA CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000675617 03/30/07-80024-021 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV PARKER, KENNETH G 5639 HIGHWAY 231 PANAMA CITY FL <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 3/20/07 Daytime Phone # 850 769-0894	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			