

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H30766

Entity Name: MARCUS N. LEMON, INC.

FILED  
May 01, 2004  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 1102  
FLAGLER BEACH, FL 32136

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1102  
FLAGLER BEACH, FL 32136

## New Mailing Address:

FEI Number: 59-2470570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D.  
326 MOODY BLVD.  
P.O. BOX 99  
FLAGLER BEACH, FL 32036 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

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

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LEMON, MARCUS N.,  
Address: 1261 HWY. 302  
City-St-Zip: BUNNELL, FL 32110

Title: D ( ) Delete  
Name: LEMON, SHARON S.,  
Address: 1261 HWY. 302  
City-St-Zip: BUNNELL, FL 32110

Title: S ( ) Delete  
Name: LEMON, L  
Address: 6469 BASSWOOD AVE  
City-St-Zip: BUNNELL, FL 32110

Title: T ( ) Delete  
Name: LEMON, LYNNETTE B  
Address: PO BOX 2121  
City-St-Zip: BUNNELL, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: LEMON SHARON S.,  
Address: 1261COUNTYROAD302  
City-St-Zip: BUNNELL, FL 32110

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: SHARON S. LEMON

D

05/01/2004

Electronic Signature of Signing Officer or Director

Date