

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # J10194

1. Entity Name
LACKMANN MANAGEMENT OF FLORIDA, INC.



Principal Place of Business
**303 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797**

Mailing Address
**303 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2814996

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.
236 E. 6TH AVENUE
TALLAHASSEE, FL 32303**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	LACKMANN, ANDREW W
STREET ADDRESS	303 CROSSWAYS PARK DRIVE
CITY-ST-ZIP	WOODBURY, NY 11797

TITLE	C
NAME	LACKMANN, MATTHEW C
STREET ADDRESS	303 CROSSWAYS PARK DRIVE
CITY-ST-ZIP	WOODBURY, NY 11797

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/07-80035-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the empowered.

SIGNATURE: **Andrew W. Lackmann**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-07 **516-364-2300**

Date Daytime Phone #