

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 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



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2814996	Applied For Not Applicable
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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000050455
06/03/08-90070-016 150.00

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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STREET ADDRESS	
CITY-ST-ZIP	

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW LACKMANN

4/25/08

Date

Daytime Phone #