

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K00659

1. Entity Name
LEHIGH LANDOWNERS', INC.



Principal Place of Business

825 PARKWAY ST
STE 32
JUPITER, FL 33477

Mailing Address

P O BOX 7115
JUPITER, FL 33468

FILED
Feb 17, 2006 08:00 AM
Secretary of State



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0049464

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAHFELDT, DANIEL A
825 PKWY ST STE 32
JUPITER, FL 33477

**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, 2006 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 RAHFELDT, DANIEL
STREET ADDRESS 952 POMPANO DR.
CITY-ST-ZIP JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000438278
02/28/06-80081-015 150.00

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Rahfeldt 2/15/06 561-744-873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #