

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-09-2008 90020 035 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/07)

DOCUMENT # K02004 1. Entity Name LAMONT'S AUTOMOTIVE & INDUSTRIAL MACHINE, INC.					
Principal Place of Business 3802 HANSON STREET FORT MYERS FL 33916			Mailing Address 3802 HANSON STREET FORT MYERS FL 33916		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2868190	
				☐ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, BELDEN L 3802 HANSON ST FORT MYERS FL 33916				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 _____ Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when changing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JOHNSON, BELDEN L		NAME		
STREET ADDRESS	3802 HANSON ST		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33916		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JOHNSON, JONI M		NAME		
STREET ADDRESS	6250 PANGOLA RD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33905		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	REEVES, MARGARET K		NAME		
STREET ADDRESS	7000 50TH AVE. NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <u>Belden L. Johnson</u> BELDEN L. JOHNSON 4/25/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					