


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L76109 1. Entity Name LEMNOS DEVELOPMENT, INC.	
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Principal Place of Business % GEORGE EMMANUEL 1180 GULF BLVD APT. 1801 CLEARWATER, FL 33767 US	Mailing Address % GEORGE EMMANUEL 1180 GULF BLVD APT. 1801 CLEARWATER, FL 33767 US
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3015437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**EMMANUEL, GEORGE
1180 GULF BLVD APT. 1801
CLEARWATER, FL 33767**

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000359544 04/02/08-80028-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EMMANUEL, GEORGE 1180 GULF BLVD APT. 1801 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EMMANUEL, KATHLEEN M. 1180 GULF BLVD. APT. 1801 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMMANUEL, PETER 1180 GULF BLVD APT. 1801 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TRAMBETTO, KATHLEEN 1801 GULF BLVD APT. 1801 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMMANUEL, PAUL 1801 GULF BLVD APT. 1801 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP EMMANUEL, CHRISTINE 1180 GULF BLVD APT. 1801 CLEARWATER, FL 33767

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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:  **3/12/08** **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6. EMMANUEL