


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000021968</b> 1. Entity Name <b>RICK LEHMAN, INC.</b>	
--	---

Principal Place of Business <b>4960 NW 88TH LANE CORAL SPRINGS, FL 33067</b>	Mailing Address <b>4960 NW 88TH LANE CORAL SPRINGS, FL 33067</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1081243</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LEHMAN, RICK  
4960 NW 88TH LANE  
CORAL SPRINGS, FL 33067**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEHMAN, 4960 NW 88TH LANE CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEHMAN, RONI 4960 NW 88TH LANE CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000323692  
04/22/05-80064-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Rick Lehman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20 954-344-2076  
Date Daytime Phone #