

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000122135

1. Entity Name
LEHMAN COMMERCIAL RENTALS, INC.



FILED
Apr 23, 2005 08:00 AM
Secretary of State

Principal Place of Business
265 HWY 98 NORTH
OKEECHOBEE, FL 34974

Mailing Address
265 HWY 98 NORTH
OKEECHOBEE, FL 34974



04102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3588372

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

LEHMAN, EDWARD P
265 HWY 98 NORTH
OKEECHOBEE, FL 34974

**DO NOT WRITE
IN THIS SPACE**

6. 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, 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	D
NAME	LEHMAN, EDWARD P
STREET ADDRESS	14126 NE 18 AVE
CITY - ST - ZIP	OKEECHOBEE, FL 34972

TITLE	DVPS
NAME	LEHMAN, BETH W
STREET ADDRESS	14126 NE 18TH AVE
CITY - ST - ZIP	OKEECHOBEE, FL 34972

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	

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04/23/05-80045-002 150.00

**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)(j), 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: *Beth W. Lehman* *Beth W. Lehman* *4/21/05* *863-467-1691*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #