

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000040108

1. Entity Name
LESNETT'S MACHINERY, INC.



Principal Place of Business

**2910 EAST MAIN STREET
LAKELAND, FL 33801**

Mailing Address

**2910 EAST MAIN STREET
LAKELAND, FL 33801**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number

03-0440595

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

**LESNETT, TERRY F
2910 EAST MAIN STREET
LAKELAND, FL 33801**

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000581893
01/11/07-80010-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE

DP

NAME

LESNETT, TERRY F

STREET ADDRESS

1401 LAKEWOOD ROAD

CITY-ST-ZIP

LAKELAND, FL 33805

TITLE

DVS

NAME

LESNETT, DEBORAH A

STREET ADDRESS

1401 LAKEWOOD ROAD

CITY-ST-ZIP

LAKELAND, FL 33805

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

**DO NOT WRITE
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 if changed, or on an attachment with an address, with all other like empowered.

Deborah Lesnett

SIGNATURE: *Deborah Lesnett* Vice President/Secretary 1/9/2007 (863)665-7156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #