


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90403 019 ***150.00

DOCUMENT # P02000084482	
1. Entity Name LEMONIS ENTERPRISES, INC.	

Principal Place of Business 4829 CARDINAL TRAIL PALM HARBOR, FL 34683	Mailing Address 4829 CARDINAL TRAIL PALM HARBOR, FL 34683
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2. Principal Place of Business 3135 S.R. 580	3. Mailing Address 1632 Kismet CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Safety Harbor FL	City & State Tarpon Springs FL
Zip 34690	Zip 34689
Country Pinellas	Country Pinellas



04232006 Chg-P CR2E034 (11/05)

4. FEI Number 51-0418075	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 LEMONIS, FRANCES 4829 CARDINAL TRAIL PALM HARBOR, FL 34683	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1632 Kismet Ct. City Tarpon Springs FL Zip Code 34689	

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMONIS, FRANCES 4829 CARDINAL TRAIL PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LEMONIS, MICHAEL 4829 CARDINAL TRAIL PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Frances Lemonis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06-727-9393459
Date Daytime Phone #