


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90003 029 ***150.00

DOCUMENT # P02000107160	
1. Entity Name DAVID LAMONDIN, INC.	

Principal Place of Business 1065-94TH STREET #206 BAY HARBOR ISLAND, FL 33154	Mailing Address 1065-94TH STREET #206 BAY HARBOR ISLAND, FL 33154
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54062422

2. Principal Place of Business 18151 NE 31st Ct. Suite, Apt. #, etc. 2011	3. Mailing Address 18151 NE 31st Ct. Suite, Apt. #, etc. 2011
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07072004 Chg-P CR2E034 (10/03)

City & State Aventura FL	City & State Aventura FL
Zip 33160	Country USA

4. FEI Number 32-0034321	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAMONDIN, DAVID 1065-94TH STREET #206 BAY HARBOR ISLAND, FL 33154	
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7. Name and Address of New Registered Agent Name Lamondin David Street Address (P.O.-Box Number is Not Acceptable) 18151 NE 31st Ct # 2011 City Aventura FL Zip Code 33160	
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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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMONDIN, DAVID 1065-94TH STREET # 206 BAY HARBOR ISLAND, FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID LAMONDIN 18151 NE 31st Ct Apt 2011 Aventura, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David Lamondin **David Lamondin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 54062422
Doc. # P02000107160

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

July 12, 2004

Annual Report

To Whom It May Concern:

I have included the entire package that was mailed back to me along with my completed annual report.

If I can be of any further assistance please let me know.

Sincerely,

David Lamondin
305-778-1022 cellular
305-792-4068 home

Attachment

24062422



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 7, 2004

DAVID LAMONDIN, INC.
18151 N.E. COURT
SUITE 2011
AVENTURA, FL 33160

SUBJECT: DAVID LAMONDIN, INC.
Ref. Number: P02000107160

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 404A00043660

Attachment

524062422

Division Of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

July 1, 2004

RE: Notice Of Intent To Dissolve
Document # P02000107160

To Whom It May Concern:

I received this notice on June 1, 2004. Within the last year I have moved and with the move I changed my principle place of business as well as my mailing address. Due to the move I did not receive my notice to pay my annual fee and without getting any notice I unfortunately did not pay prior to the May 1, 2004 deadline.

I have spoken to my accountant and he informed me that in the past when there is some confusion with a change of address the late fee could be waived. The address you have on file for me is incorrect, I will include my correct address with this letter.

I have enclosed the \$150.00 filing fee. If there is a form you need me to fill out I will be happy to if you could send it to me.

If there is any problem you can get in contact with me in whichever way is best for you. I will include my contact information at the bottom of this letter.

My old principle place of business and mailing address is:

**1065 94th Street #206
Bay Harbor Islands, FL 33154**

My new principle place of business and mailing address is:

**18151 NE 31st Court Suite 2011
Aventura, FL 33160**

The document number on my postcard is P02000107160

Thank you,

David Lamondin
305-799-1022 cellular
305-792-4068 home
mondovid@aol.com