

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90021 034 \*\*\*150.00

DOCUMENT # P02000124493

1. Entity Name

LEMON STREET HOLDINGS, INC.



Principal Place of Business

1516 LEMON STREET  
TAMPA FL 33606

Mailing Address

301 W Platt St,  
1516 LEMON STREET  
TAMPA FL 33606

2. Principal Place of Business - No P.O. Box #

301 W Platt St  
Suite, Apt. #, etc.  
# 401

3. Mailing Address

301 W Platt St  
Suite, Apt. #, etc.  
# 401

1st MOORE

CR2E034 (10/06)

4. FEI Number 56-2330155

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SINGLETARY, THOMAS J  
1516 LEMON STREET  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)

301 W Platt St, # 401

City TAMPA

FL

Zip Code 33606

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

*Thomas J Singletary*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-20-07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SINGLETARY, THOMAS J  
STREET ADDRESS 1516 LEMON STREET  
CITY-ST-ZIP TAMPA FL 33606

TITLE D  
NAME SINGLETARY, CLIFFORD B  
STREET ADDRESS 1516 LEMON STREET  
CITY-ST-ZIP TAMPA FL 33606

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Thomas J Singletary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07

Date

Daytime Phone #