

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90196 046 \*\*\*150.00

20062505



07012005 Chg-P CR2E034 (10/03)

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P03000022537</b><br>1. Entity Name<br><b>LEHR CONSULTING, INC.</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>2237 DOSTER DR</b><br><b>NEW SMYRNA BEACH, FL 32168</b>   |   |   | Mailing Address<br><b>P O BOX 856</b><br><b>NEW SMYRNA BEACH, FL 32170</b>  |  |  |
| 2. Principal Place of Business<br><b>136 Ellison Ave.</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |  |
| City & State<br><b>New Smyrna Beach FL</b><br>Zip<br><b>32168</b>   |   | City & State<br><br>Zip<br><b>USA</b>   |   | 4. FEI Number<br><b>75-3104850</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LEHR, H. MARTIN</b><br><b>2237 DOSTER DR</b><br><b>NEW SMYRNA BEACH, FL 32168</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br><b>LEHR, H. MARTIN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>136 Ellison Ave.</b><br>City<br><b>New Smyrna Beach FL</b> Zip Code<br><b>32168</b> |  |  |
| 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 _____   |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DPST<br>LEHR, H. MARTIN<br>2237 DOSTER DR<br>NEW SMYRNA BEACH, FL 32168 |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete   | <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: <u><i>H. Martin Lehr</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | Date: <u>7/9/05</u> <u>236/690-0670</u><br><small>Daytime Phone #</small>   |  |  |