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Jul 01, 2004 8:00 am
Secretary of State
04-29-2004 90315 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/2

DOCUMENT # P03000076722

1. Entity Name

LEMI INVEST, INC.

Principal Place of Business	Mailing Address
132 EAST COLONIAL DRIVE SUITE 211 ORLANDO FL 32801	132 EAST COLONIAL DRIVE SUITE 211 ORLANDO FL 32801

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
2830 Hitching Post Ln	2830 Hitching Post Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Orlando, FL	City & State Orlando, FL
Zip 32822 Country	Zip 32822 Country

4. FEI Number 05-0577778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHLEY, MARIBETH
132 EAST COLONIAL DRIVE
SUITE 211
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 BARBARA LEMAIRE (President) 04-24-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEMAIRE, BARBARA		NAME	
STREET ADDRESS	2830 HITCHING POST LANE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEMAIRE, CHRISTIAN		NAME	
STREET ADDRESS	2830 HITCHING POST LANE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 BARBARA LEMAIRE (President) 04-24-04 407 277 5083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Signature

Attachment
66429287
#P030000076722

I just came back from a trip and found your letter.

I send everything i had I don't know what you are talking about.

I also send you the Bankcheck of $ 150.00 on time Apr. 27. 2004

B. LeMaire (President)