


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2006 8:00 am
Secretary of State

05-09-2006 90088 049 ***150.00

DOCUMENT # P03000117328 1. Entity Name JOEL LEMBKE, INC.	
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Principal Place of Business 20 BLYTHE PLACE PALM COAST, FL 32137	Mailing Address 20 BLYTHE PLACE PALM COAST, FL 32137
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DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0589522	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 SAVY, BENJAMIN 25 PINE CONE DR STE 2A PALM COAST, FL 32164
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and role if applicable (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMBKE, JOEL 20 BLYTHE PLACE PALM COAST, FL 32137
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IN THIS SPACE**

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: JOEL LEMBKE 7/23/06 386 931-8785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #