## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 24, 2006 8:00 am Secretary of State

DOCUMENT # P03000132753  1. Entity Name DAMON LAMONT INC.								02-24-200	06 90009	015 ***15	50.00	
Principal Place	e of Business	Mailing	Mailing Address				i					
7726 CAMER FORT MYERS			BOX 61384 FORT MYERS, FL 33906			1198114411		101 PRES 1110 UE	NI 18881 BNS 1111	IND4 13 18M1		
2. Principal P	lace of Busin	3. Mail	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01252006	Chg-P	CR2E0	34 (11/05)		
City & State			City	City & State				4. FEI Number   Applied For   20-0389564   Not Applicable				
Zip	Country		Žip	Zip C		try	5. Certificat	e of Status Desired		\$8.75 Addi		
	6. Name and Address of Current Registered Agent						7. Name an	d Address of New I				
LAMONT	LAMONT, DAMON						Name					
7726 CAM FORT MYE	ERON CI			Street Address (P.O. Box Number is Not Acceptable)								
<b>,</b>												
						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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)  DATE  On The Proposition of the Pr												
	Signature, typed	or printed name of registere	d agent and title if appl	licable. (NOTE	: Registere	d Agent signature req	uired when reinstating)	T	DATE	. 2.31	27 GR (0) + (0) 1986 (1	
FIL After Ma	E NOW!!! ay 1, 2006	FEE IS \$150.0 6 Fee will be \$		<ol> <li>Election Campain</li> <li>Trust Fund Contract</li> </ol>			\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS 11.						ADDITIONS	/ CHANGES TO OF	FICERS AND	DIRECTORS	IN 11''	
. TITLE NAME	P Delete									☐ Change	☐ Addition	
STREET ADDRESS BOX 61384					NAM Stre	ET ADDRESS		•				
, CITY-ST-ZIP	FORT MYERS, FL 33906					-ST-ZIP						
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CITY-ST-ZIP						-ST-ZIP						
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12. I hereby certify that the information supplied with this fitting 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 ago 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 fustee empowered to execute his 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: 2.10-06 239-826-6869												
SIGNAL	UKE: _	SIGNATURE AND TWO	ED OF BRINTED NAM	TE OF SIGNING OFFICER	OR DIDECT	-	· v	, C	<u> </u>		V6/	