

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000138169

1. Entity Name
LAMKIN ENTERPRISES, INC.



Principal Place of Business
**8532 WEEPING WILLOW WAY
ORLANDO, FL 32817**

Mailing Address
**8532 WEEPING WILLOW WAY
ORLANDO, FL 32817**



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0561263

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMKIN, RONNIE W
8532 WEEPING WILLOW WAY
ORLANDO, FL 32817**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	LAMKIN, RONNIE W
STREET ADDRESS	8532 WEEPING WILLOW WAY
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	PT
NAME	LAMKIN, RONNIE W
STREET ADDRESS	8532 WEEPING WILLOW WAY
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VS
NAME	LAMKIN, SERENA W
STREET ADDRESS	8532 WEEPING WILLOW WAY
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80130-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 (321) 229-4248

Date

Daytime Phone #