


# FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90550 040 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P04000013810</b><br>Name<br><b>LEMON INVESTMENT &amp; HOLDING CORPORATION</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>180 SKYLARK AVENUE</b><br><b>MERRITT ISLAND, FL 32953</b> | Mailing Address<br><b>180 SKYLARK AVENUE</b><br><b>MERRITT ISLAND, FL 32953</b> |
|---|---|

|   |   |
|---|---|
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|---|---|

04112005 Chg-P CR2E034 (10/03)

|   |                               |
|---|-------------------------------|
| <b>4. FEI Number</b><br><b>20-0608212</b> | Applied For<br>Not Applicable |
|---|-------------------------------|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><b>LEMON, DAVID J</b><br><b>180 SKYLARK AVENUE</b><br><b>MERRITT ISLAND, FL 32953</b> |
|---|

|  |                       |
|--|-----------------------|
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City | Zip Code<br><b>FL</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 \_\_\_\_\_

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

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LEMON, DAVID J<br>180 SKYLARK AVENUE<br>MERRITT ISLAND, FL 32953       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LEMON, RICHARD D<br>180 SKYLARK AVENUE<br>MERRITT ISLAND, FL 32953    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/T<br>LEMON, HERSEL D<br>1360 GIRARD BOULEVARD<br>MERRITT ISLAND, FL 32952 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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:  **DAVID J. LEMON** 4/15/05 321-403-8160