


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P04000041237 1. Entity Name LONNIE'S CARPORTS, INC. |  |
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| Principal Place of Business 36706 RAMBLEWOOD LANE EUSTIS, FL 32736 | Mailing Address 36706 RAMBLEWOOD LANE EUSTIS, FL 32736 |
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01122006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-0882964 | Applied For Not Applicable |
| 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 LEVERETT, LONNIE 36706 RAMBLEWOOD LANE EUSTIS, FL 32736 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| 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 | 000000402818 02/03/06-80023-010 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVERETT, LONNIE 36706 RAMBLEWOOD LANE EUSTIS, FL 32736 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PEARSON, RAYMOND 4738 FAIRPORT AVENUE DELEON SPRINGS, FL 32130 |
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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: Jon Leverett Jon Leverett 1/24/06 352-483-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #