



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90034 001 ***150.00

DOCUMENT # P04000084040 1. Entity Name LAMAR'S CORNER MARKET, INC.					
Principal Place of Business 1040 DUVAL STREET LIVE OAK, FL 32064 US			Mailing Address P.O. BOX 937 LIVE OAK, FL 32064 US		
2. Principal Place of Business P.O. BOX 937 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State LIVE OAK FL		City & State City & State		4. FEI Number 33-1094380	
Zip 32064		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA INCORPORATOR 2730 WHITE SANDS DRIVE SUITE 3-A SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name LEMOUEL L SILAS Street Address (P.O. Box Number is Not Acceptable) 117 PARSHLEY City LIVE OAK FL Zip Code 32066		
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 <u><i>Lemuel L Silas</i></u> <u><i>3/25/05</i></u> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILAS, LEMUEL L P.O. BOX 937 LIVE OAK, FL 32696	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SILAS, DIANA J P.O. BOX 937 LIVE OAK, FL 32696	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u><i>Lemuel L Silas</i></u> <u><i>3/25/05</i></u> <u><i>(386)-362-1862</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					