

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000088220

1. Entity Name
LENTON CROMARTIE SERVICES, INC.



Principal Place of Business
236 BRILEY CT.
TALLAHASSEE, FL 32305

Mailing Address
236 BRILEY CT.
TALLAHASSEE, FL 32305

FILED
07 MAR 28 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0119876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROMARTIE, LENTON E
236 BRILEY CT.
TALLAHASSEE, FL 32305

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees
3010095893493
05/07--01036--016 **150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CROMARTIE, LENTON E
STREET ADDRESS	236 BRILEY CT.
CITY-ST-ZIP	TALLAHASSEE, FL 32305

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07
Date Daytime Phone #