

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089771

Entity Name: LMT GROUP, INC.

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

4120 BAYHEAD DRIVE
#304
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

601 ORCHID DRIVE
NAPLES, FL 34102 US

Current Mailing Address:

4120 BAYHEAD DRIVE
#304
BONITA SPRINGS, FL 34134 US

New Mailing Address:

601 ORCHID DRIVE
NAPLES, FL 34102 US

FEI Number: 16-1701665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, DEBBIE
4120 BAYHEAD DRIVE
#304
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

THOMPSON, MICHAEL R
601 ORCHID DRIVE
NAPLES, FL 34102 US

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.

SIGNATURE: MICHAEL THOMPSON

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: THOMPSON, MICHAEL
Address: 4120 BAYHEAD DRIVE # 103
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: DIR (X) Delete
Name: THOMPSON, DEBBIE
Address: 4120 BAYHEAD DRIVE #304
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: DIR (X) Delete
Name: THOMPSON, BETTY
Address: 4120 BAYHEAD DRIVE # 103
City-St-Zip: BONIYA SPRINGS, FL 34134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: THOMPSON, MICHAEL
Address: 601 ORCHID DRIVE
City-St-Zip: NAPLES, FL 34102 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL THOMPSON

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date