

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90013 009 \*\*\*150.00

**DOCUMENT # P04000101870**

1. Entity Name  
**LEMACKS INC**



Principal Place of Business  
**24525 LANIER STREET  
TALLAHASSEE, FL 32310**

Mailing Address  
**24525 LANIER STREET  
TALLAHASSEE, FL 32310**

2. Principal Place of Business  
**1506 Stone Road**  
Suite, Apt. #, etc.  
**A**

3. Mailing Address  
**1506 Stone Road**  
Suite, Apt. #, etc.  
**A**

03152006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1365071**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**Tallahassee FL**  
Zip  
**32303** Country  
**USA**

City & State  
**Tallahassee FL**  
Zip  
**32303** Country  
**USA**

**6. Name and Address of Current Registered Agent**

**BENFIELD, RON  
58 SIOUX CR  
HAVANA, FL 32333**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEMACKS, STEPHEN T 24525 LANIER STREET TALLAHASSEE, FL 32310</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LEMACKS, ROBERT 24525 LANIER ST TALLAHASSEE, FL 32310</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WILLBORN, SYRR LEE 24525 LANIER ST TALLAHASSEE, FL 32310</b> <input checked="" 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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Lemacks, Stephen T 1506 A Stone Rd Tallahassee-FL- 32303</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V campbell, Aaron 1506 A stone Rd Tallahassee- FL-32303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Edwards, Justin 1506 A Stone Rd Tallahassee- FL-32303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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

*Jaylor Lemacks* 3/15/06