

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 031 ***150.00



DOCUMENT # P04000129738
 1. Entity Name
LEMP, INC.

Principal Place of Business: **301 N CATTLEMEN RD STE 203 SARASOTA FL 34232**
 Mailing Address: **301 N CATTLEMEN RD STE 203 SARASOTA FL 34232**



2. Principal Place of Business: **3578 FAIROAKS WAY**
 Suite, Apt. #, etc.
 3. Mailing Address: **3578 FAIROAKS WAY**
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: **Sarasota FL**
 Zip: **34228** Country: **USA**
 City & State: **Sarasota**
 Zip: **34228** Country: **USA**

4. FEI Number: **AP-PLIED FOR**
 Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEMPRIERE, GRANT
301 N CATTLEMEN RD STE 203
SARASOTA FL 34232

7. Name and Address of New Registered Agent
 Name: **GRANT LEMPRIERE**
 Street Address (P.O. Box Number is Not Acceptable): **3578 FAIROAKS WAY**
 City: **Sarasota** FL Zip Code: **34228**

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]* **GRANT LEMPRIERE** DATE: **3.15.06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEMPRIERE, GRANT	
STREET ADDRESS	301 N CATTLEMEN RD STE 203	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMPRIERE, GRANT	
STREET ADDRESS	3578 FAIROAKS WAY	
CITY-ST-ZIP	SARASOTA FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* **GRANT LEMPRIERE** DATE: **3.15.06** DAYTIME PHONE #: **941-726-1260**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR