

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000144043

1. Entity Name
L.N.S. EMPIRE, INC.



FILED

06 MAY -1 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~1915 DOOMAR DR~~
~~TALLAHASSEE, FL 32308~~

Mailing Address

~~1915 DOOMAR DR~~
~~TALLAHASSEE, FL 32308~~

2. Principal Place of Business

P.O. BOX 6887
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 6887
Suite, Apt. #, etc.

City & State

TALLAHASSEE FLORIDA
Zip 32314 Country U.S.

City & State

TALLAHASSEE FLORIDA
Zip 32314 Country LEON

05012006 Chg-P CR2E034 (11/05)

4. FEI Number

59-3785816

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, JOSEPH
~~1915 DOOMAR DR~~
~~TALLAHASSEE, FL 32308~~

7. Name and Address of New Registered Agent

Name JOSEPH COHEN
Street Address (P.O. Box Number is Not Acceptable) 503 PALM BEACH ST, APT 414
City TALLAHASSEE FL Zip Code 32314

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

800075027608
12/06--01035--010 **150.00

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME BAKER, DWAYNE E
STREET ADDRESS 1915 DOOMAR DR
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME COHEN, JOSEPH
STREET ADDRESS 1915 DOOMAR DR
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME HARRISON, KENDRICK
STREET ADDRESS 3430 SUNNYSIDE DR
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/

TITLE CARTER, BRANDON ☐ Change ☒ Addition
NAME
STREET ADDRESS 324 S. LIPON #10
CITY-ST-ZIP TALL, FL 32304

TITLE COHEN, JOSEPH CEO ☒ Change ☐ Addition
NAME
STREET ADDRESS 503 PALM BEACH ST APT 414
CITY-ST-ZIP TALL, FL 32314

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Joseph Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06
Date

980-4815
Daytime Phone #