

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000144907

1. Entity Name
RON LEHMAN, INC



Principal Place of Business
17141 BENES ROUSH RD.
MASARYKTOWN, FL 34604

Mailing Address
17141 BENES ROUSH RD.
MASARYKTOWN, FL 34604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1786571

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHMAN, RONALD L
17141 BENES ROUSH RD.
MASARYKTOWN, FL 34604

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 *Ron Lehman* Ronald Lehman (Pres)

5/01/06

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

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 9 Delete
NAME LEHMAN, RONALD L
STREET ADDRESS 17141 BENES ROUSH RD
CITY-ST-ZIP MASARYKTOWN, FL 3604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE S Delete
NAME WILLIAMS, PAULINE L
STREET ADDRESS 3601 HEATHCOE RD
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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Change Addition

TITLE Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Ron Lehman* RONALD LEHMAN (Pres) 5/01/06 813 363 0749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
May 05, 2006 8:00 am
Secretary of State**

05-05-2006 90184 004 ***150.00

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ATTACHMENT

60037197

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1786571	Applied For Not Applicable
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Date Daytime Phone #