

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90034 017 \*\*\*150.00

DOCUMENT # P04000156481

1. Entity Name

LEHMAN HOMES, INC.



Principal Place of Business

PO BOX 1203  
ARCHER FL 32618  
US

Mailing Address

PO BOX 1203  
ARCHER FL 32618  
US

2. Principal Place of Business - No P.O. Box #

2707 S.W 40th Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

4. FEI Number

59-3711528

Applied For

Not Applicable

Zip

32608

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEHMAN, IVAN  
555 EAST THRASHER DR  
BRONSON FL 32621

7. Name and Address of New Registered Agent

Name

LEHMAN, IVAN

Street Address (P.O. Box Number is Not Acceptable)

City

1115 S.W 75th way  
GAINESVILLE

FL

Zip Code

32607

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, 2007 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  
NAME: LEHMAN, IVAN ☐ Delete  
STREET ADDRESS: 1115 SW 75TH WAY  
CITY- ST- ZIP: GAINESVILLE FL 32607

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition  
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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:

*Ivan Lehman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #