


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90004 048 \*\*\*150.00

DOCUMENT # P05000127520	
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1. Entity Name  
LORD HOUSES, INC.

Principal Place of Business  
1003 TAYLOR STREET  
TALLAHASSEE, FL 32310

Mailing Address  
P.O. BOX 180904  
TALLAHASSEE, FL 32318

2. Principal Place of Business - No P.O. Box #  
1113 Lochknoll Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
1113 Lochknoll Ct.  
Suite, Apt. #, etc.



05192008 Chg-P CR2E034 (12/06)

City & State  
Tallahassee, FL  
Zip  
32312  
Country  
USA

City & State  
Tallahassee, FL  
Zip  
32312  
Country  
USA

4. FEI Number 20-  
APPLIED FOR 3478257  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JENKINS, SHERI  
1003 TAYLOR STREET  
TALLAHASSEE, FL 32310

## 7. Name and Address of New Registered Agent

Name

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

1113 Lochknoll Ct.

City Tallahassee

FL

Zip Code 32312

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

*Sheri Jenkins VP*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

May 19, 2008

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	O	<input type="checkbox"/> Delete
NAME	JENKINS, BISHOP W	
STREET ADDRESS	2416 MANZANITA COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	O	<input type="checkbox"/> Delete
NAME	JENKINS, CHRISTINE	
STREET ADDRESS	2416 MANZANITA COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	P	<input type="checkbox"/> Delete
NAME	JENKINS, WALTER IV	
STREET ADDRESS	1003 TAYLOR STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, SHERI	
STREET ADDRESS	1003 TAYLOR STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 180904	
STREET ADDRESS	Tallahassee, FL 32318	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 180904	
STREET ADDRESS	Tallahassee, FL 32318	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1113 Lochknoll Ct.	
STREET ADDRESS	Tallahassee, FL 32312	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1113 Lochknoll Ct.	
STREET ADDRESS	Tallahassee, FL 32312	
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 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

*Sheri Jenkins*