

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144378

Entity Name: W T LEMEN MANAGEMENT INC

FILED  
Aug 31, 2006  
Secretary of State

## Current Principal Place of Business:

8090 A1A SOUTH #401  
SAINT AUGUSTINE, FL 32080

## New Principal Place of Business:

## Current Mailing Address:

8090 A1A SOUTH #401  
SAINT AUGUSTINE, FL 32080

## New Mailing Address:

FEI Number: 20-3724586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, SUSAN  
3957 SUSAN DRIVE  
GREEN COVE SPRINGS, FL 32043 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEMEN, III, WILLIAM T  
Address: 8090 A1A SOUTH #401  
City-St-Zip: SAINT AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEMEN, BILL  
Address: 8090 A1A SOUTH #401  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL LEMEN

P

08/31/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date