

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083535

FILED
Apr 24, 2007
Secretary of State

Entity Name: LEHMAN FAMILY HOSPITALITY, INC.

Current Principal Place of Business:

8905 ABERDEEN CREEK CIRCLE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

4595 SE 48TH PLACE ROAD
OCALA, FL 34480 US

Current Mailing Address:

8905 ABERDEEN CREEK CIRCLE
RIVERVIEW, FL 33569 US

New Mailing Address:

4595 SE 48TH PLACE ROAD
OCALA, FL 34480 US

FEI Number: 20-5103833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAFFIS, KIMBERLEY K
8905 ABERDEEN CREEK CIRCLE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

LEHMAN, SCOTT C
4595 SE 48TH PLACE ROAD
OCALA, FL 34480 US

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: SCOTT C. LEHMAN

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEHMAN, SCOTT C
Address: 4595 SE 48TH PLACE ROAD
City-St-Zip: OCALA, FL 34480 US

Title: VP () Delete
Name: LEHMAN, EARL E
Address: 4595 SE 48TH PLACE ROAD
City-St-Zip: OCALA, FL 34480 US

Title: SEC. () Delete
Name: LEHMAN, TAMATHA H
Address: 4595 SE 48TH PLACE ROAD
City-St-Zip: OCALA, FL 34480 US

Title: TREA () Delete
Name: LEHMAN, KAREN K
Address: 4595 SE 48TH PLACE ROAD
City-St-Zip: OCALA, FL 34480 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEHMAN, EARL E
Address: 5120 SE 47TH COURT ROAD
City-St-Zip: OCALA, FL 34480 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: LEHMAN, KAREN K
Address: 5120 SE 47TH COURT ROAD
City-St-Zip: OCALA, FL 34480 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: SCOTT C. LEHMAN

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date