2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000082021

Entity Name: LAMKIN VENTURES, INC.

FILED Jul 10, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place o | New Principal Place of Business: | |
|---|---------------------------------|------------------------------------|--------------------------------------|--|
| 14955 95TH STREET FELLSMERE, FL 32948 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| PO BOX 76 FELLSMERE, FL 32948 | | | | |
| FEI Number: 45-2949457 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | New Registered Agent: | |
| EMMONS, REBECCA F 3355 OCEAN DRIVE VERO BEACH, FL 32963 | US | | | |
| The above named entity suin the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic | c Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECT | ORS: | | | |
| Title: D | | | | |

LAMKIN, THOMAS Name: Address: 14955 95TH STREET City-St-Zip: FELLSMERE, FL 32948

Title:

LAMKIN, SUSAN Name: Address: 14955 95TH STREET FELLSMERE, FL 32948 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: THOMAS LAMKIN **PRES** 07/10/2012