

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000036666

1. Entity Name

LEWELLEN BROTHERS, INC.



Principal Place of Business

**1005 TURKEY HOLLOW CR
WINTER SPRINGS, FL 32708 US**

Mailing Address

**1005 TURKEY HOLLOW CR
WINTER SPRINGS, FL 32708 US**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3181473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEWELLEN, MICHAEL SR
1005 TURKEY HOLLOW CIRCLE
WINTER SPRINGS, FL 32708**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000474647
04/04/06-80029-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LEWELLEN, KATHLEEN M
STREET ADDRESS	1005 TURKEY HOLLOW CR
CITY-STATE-ZIP	WINTER SPGS., FL
TITLE	P
NAME	LEWELLEN, MICHAEL J
STREET ADDRESS	1005 TURKEY HOLLOW CR.
CITY-STATE-ZIP	WINTER SPRINGS, FL 32708
TITLE	VP
NAME	LEWELLEN, TIMOTHY L
STREET ADDRESS	1005 TURKEY HOLLOW CIRCLE
CITY-STATE-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Michael Lewellen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06
Date

407-466-8650
Daytime Phone #