


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90002 049 \*\*\*150.00

**DOCUMENT # P94000068045**  
 1. Entity Name  
**LEHMANN & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
 9200 BONITA BEACH RD STE A-211      9200 BONITA BEACH RD STE A-211  
 BONITA SPRINGS, FL 34135      BONITA SPRINGS, FL 34135 US

**54067352**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      9200 BONITA BEACH RD.  
 City & State      Suite, Apt. #, etc.  
 Zip      Country      SUITE 200  
 BONITA SPRINGS  
 34135      US

07282004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3264273      Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEHMANN, PETER**  
**5629 STRAND BLVD.**  
**STE 410**  
**NAPLES, FL 34110**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEHMANN, ANNETTE</b> <b>67 JOHNNY CAKE DR</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LEHMAN, PETER</b> <b>67 JOHNNY CAKE DR</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Peter Lehmann, President      07.27.04      949-1816  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #