

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 008 ***150.00

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1. Entity Name
LEN'S MOBIL MART, INC.



Principal Place of Business
**2908 S. FLORIDA AVENUE
LAKELAND, FL 33803**

Mailing Address
**2908 S. FLORIDA AVENUE
LAKELAND, FL 33803**



06182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3338071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARRAND, LENNIE R
2908 S. FLORIDA AVENUE
LAKELAND, FL 33803**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

TITLE VP
NAME **BARRAND, INA M.**
STREET ADDRESS **1880 N. CRYSTAL LAKE DR. CONDO #18**
CITY-ST-ZIP **922 LAKE HOLLINGSWORTH DR LAKELAND, FL 33803**

TITLE P
NAME **BARRAND, LENNIE R**
STREET ADDRESS **5830 BUCK RUN DR**
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE ST
NAME **BARRAND, TERRY L**
STREET ADDRESS **5830 BUCK RUN DR**
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-29-06 863-686-3543