2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90073 006 ***150.00

DOCUMENT # P95000068095

1. Entity Name
L 5006 INVESTMENTS, INC.

Principal Place of Business	Mailing Address
4010 N. DAVIS HWY PENSACOLA, FL 32503 US	4010 N. DAVIS HWY PENSACOLA, FL 32503 US

04032005 Chg-P. CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1612 N. Pace BLVD		1612 N Pace BLVD	
Suite, Apt. #, etc.: Suite #5		Suite, Apt. #, etc.: Suite #5	
City & State: Pensacola FL		City & State: Pensacola FL	
Zip: 32505	Country: USA	Zip: 32505	Country: USA

4. FEI Number: 59-3333576 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, ROBERT E JR
4010 N. DAVIS HWY
PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name: Robert E. Lewis Jr
Street Address (P.O. Box Number is Not Acceptable): 1612 N. Pace BLVD
Suite #5
City: Pensacola FL Zip Code: 32505

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: Robert E Lewis Jr DATE: 4/1-05
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, ROBERT E JR 4010 N. DAVIS HWY PENSACOLA, FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1612 N. Pace BLVD Suite 5 Pensacola FL 32505	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Robert E. Lewis Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #