

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000060923

1. Entity Name
LEMAE, INC.



Principal Place of Business

3510 RADIO RD
NAPLES, FL 34104

Mailing Address

3510 RADIO RD
NAPLES, FL 34104



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0681914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, BRIAN E
3510 RADIO ROAD
NAPLES, FL 34104

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000629186
02/16/07-80047-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, BRIAN E
STREET ADDRESS	2121 HERITAGE TRAIL
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VO
NAME	JONES, BEN F
STREET ADDRESS	3510 RADIO RD
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	ST
NAME	JONES, WILLIAM
STREET ADDRESS	3000 COUNTY BARN ROAD
CITY-ST-ZIP	NAPLES, FL 34112

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/7/7

Date

239 250 4855

Daytime Phone #