

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90017 047 ***150.00

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1. Entity Name
JOHN LUMSDEN, INC.



Principal Place of Business
18027 CLEAR BROOK CIRCLE
BOCA RATON, FL 33498

Mailing Address
18027 CLEAR BROOK CIRCLE
BOCA RATON, FL 33498

50004928

2. Principal Place of Business

18018 Clear Brook Circle

3. Mailing Address

18018 Clear Brook Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162006

Chg-P

CR2E034 (11/05)

City & State

Boca Raton, FL

City & State

Boca Raton FL

4. FEI Number

65-0497211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUMSDEN, JOHN
18027 CLEAR BROOK CIRCLE
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name
Lumsden, John

Street Address (P.O. Box Number is Not Acceptable)

18018 Clear Brook Circle

City Boca Raton

FL

Zip Code
33498

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)

3-16-06

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LUMSDEN, JOHN
STREET ADDRESS 18027 CLEAR BROOK CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Lumsden, John
STREET ADDRESS 18018 Clear Brook Circle
CITY-ST-ZIP Boca Raton, FL 33498

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

3-16-06

Date

561-289-2548

Daytime Phone #