


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90097 037 ***150.00

DOCUMENT # P97000018161 1. Entity Name LEMBCKE INTERNATIONAL, INC.					
Principal Place of Business 254 MURRAY ROAD WEST PALM BEACH, FL 33405 US			Mailing Address 254 MURRAY ROAD WEST PALM BEACH, FL 33405 US		
2. Principal Place of Business <i>254 Murray Rd</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>W. Palm Beach, Fla</i>		City & State <i>Fla</i>		4. FEI Number 59-3337193	
Zip 33405		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEMBCKE, JEAN 254 MURRAY RD WEST PALM BEACH, FL 33405				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD LEMBCKE, JEAN 254 MURRAY ROAD W. PALM BEACH, FL 33405		<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			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <i>Jean Lembcke (Jean Lembcke)</i>			4/15/06 561-632-5583		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

3/10/2006



ATTACHMENT Division of Corporations

Division of Corporations

Annual Report

40056148

Annual Report Help

Document Number

P97000018161

Business Entity Name

LEMBCKE INTERNATIONAL, INC.

FEI Number

593337193

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

254 MURRAY ROAD

Suite, Apt. #, etc.

City, State

WEST PALM BEACH

FL

Zip Code & Country

33405

US

Mailing Address

Address

254 MURRAY ROAD

Suite, Apt. #, etc.

City, State

WEST PALM BEACH

FL

Zip Code & Country

33405

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

LEMBCKE

JEAN

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

254 MURRAY RD

Suite, Apt. #, etc.

City, State

WEST PALM BEACH

FL

Zip Code & Country

33405

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

3/10/2006

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Division of Corporations

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

40056148
P9700018161

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State

3/10/2006

ATTACHMENT

40056148 Division of Corporations

#P97000018161

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres.

Officer/Director Signature

John J. Leluke

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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