

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000044071

1. Entity Name

LEWIS BROTHERS PROPERTIES, INC.



FILED

06 OCT 13 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

919 NORTH US HIGHWAY 1
FT PIERCE FL 34950

Mailing Address

919 NORTH US HIGHWAY 1
FT PIERCE FL 34950

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

City & State

4. FEI Number

65-0758390

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, EDWARD A SR
919 NORTH US HIGHWAY 1
FT PIERCE FL 34950

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

Edward A. Lewis, Sr.

EDWARD A. LEWIS, SR.

9/27/06

Signature, typed or printed, of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LEWIS, EDWARD A SR
STREET ADDRESS 919 NORTH US HIGHWAY 1
CITY-STATE-ZIP FT PIERCE FL 34950

TITLE V ☐ Delete
NAME LEWIS, EDWARD A JR.
STREET ADDRESS 919 NORTH US HIGHWAY 1
CITY-STATE-ZIP FT PIERCE FL 34950

TITLE ST ☐ Delete
NAME LEWIS, THOMAS D
STREET ADDRESS 919 NORTH US HIGHWAY 1
CITY-STATE-ZIP FT PIERCE FL 34950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 800080361988
STREET ADDRESS 10/02/06-01043 015 **150.00
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME 000081083910
STREET ADDRESS 10/20/06-01086-007 **600.00
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT
STREET ADDRESS
CITY-STATE-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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

Thomas D. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas D. Lewis 9/27/06

Date

772-464-0399
Daytime Phone #