

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90026 013 ***150.00

DOCUMENT # P98000031281

1. Entity Name

LEWIS MANAGEMENT GROUP, INC.



Principal Place of Business

2116 SARNO ROAD
MELBOURNE, FL 32935 US

Mailing Address

2116 SARNO ROAD
MELBOURNE, FL 32935 US

40111463



07152008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3504383

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., STE. 505
MELBOURNE, FL 32901

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LEWIS, DAVID A
2116 SARNO ROAD
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

DAVID LEWIS

7-15-08

Date

321-435-6000

Daytime Phone #



ATTACHMENT
40111489

July 15, 2008

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: P98000031281

Dear Madam/Sir:

Enclosed please find the Annual Report and check for \$150.00.

I respectfully request a waiver of the \$400.00 late fee for this report as the Postcard of Notice of Intent to Dissolve was the first notice received regarding this report.

Thank you for your attention to this request.

David A. Lewis
Chief Executive Officer