

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90215 049 ***150.00

DOCUMENT # P98000083213

1. Entity Name
LEWIS PROPERTIES, INC.



Principal Place of Business
**220 S.W. 32ND ST.
FT. LAUDERDALE, FL 33315**

Mailing Address
**P O BOX 21107
FT. LAUDERDALE, FL 33335-1107**

400000



2. Principal Place of Business No P.O. Box #
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

03072007 Chg-P CR2E034 (12/06)

Zip Country Zip Country

4. FEI Number
65-0876106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEPHENS, JOHN E.
220 S.W. 32ND ST.
FT. LAUDERDALE, FL 33315**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEO	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, STEPHENS R.			NAME	Stephen R Lewis		
STREET ADDRESS	220 SW 32ND STREET			STREET ADDRESS	220 SW 32nd Street		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315			CITY-ST-ZIP	Fort Lauderdale, FL 33315		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLEMAN, CAROLYN E.			NAME	Jody L Lewis		
STREET ADDRESS	220 SW 32ND STREET			STREET ADDRESS	220 SW 32nd Street		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315			CITY-ST-ZIP	Fort Lauderdale, FL 33315		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHENS, JOHN E.			NAME	Sandra Fram		
STREET ADDRESS	220 SW 32ND STREET			STREET ADDRESS	220 SW 32nd Street		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315			CITY-ST-ZIP	Fort Lauderdale, FL 33315		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAM, SANDRA L.			NAME			
STREET ADDRESS	220 S.W. 32ND STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Sandra L Fram **4-17-07** **(954) 767-1237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #