

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000096980

1. Entity Name
LEMRA LEASING, INC.



Principal Place of Business
**3446 S.W. ARMELLINI AVE.
PALM CITY, FL 34990**

Mailing Address
**3446 S.W. ARMELLINI AVE.
PALM CITY, FL 34990**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0876668

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NICHOLASON, JOHN J
3446 S.W. ARMELLINI AVE.
PALM CITY, FL 34990**

**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 \$150.00
After May 1, 2008 Fee will be \$550.00**

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	D ARMELLINI, RICHARD 5420 VIA OLAS NEWBURY PARK, CA 91320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUSHAM, JUDITH 1230 S.W. DYER POINT ROAD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMELLINI, DAVID 611 NW SUNSET DR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLASON, JOHN J 1149 S.W. HOGAN STREET PORT ST. LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMELLINI, STEPHEN 10510 PARIS STREET COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/28/08-80031-005 158.75

**DO NOT WRITE
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

John J. Nicholason, D

Date

772-287-0575

Daytime Phone #