FILED
May 01, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000002042

1. Entity Name
LAMO, INC.

Principal Place of Business	Mailing Address
SEASIDE FLORIDA P.O. BOX 4782 SANTA ROSA BEACH, FL 32459	SEASIDE FLORIDA P.O. BOX 4782 SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3551959
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLSHEFSKI, LAURIE M
115 NAUTICAL WAY
PANAMA CITY BCH, FL 32413

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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 appropriate)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLSHEFSKI, LAURIE
STREET ADDRESS	115 NAUTICAL WAY
CITY-ST-ZIP	PANAMA CITY, FL 32413
TITLE	VP
NAME	OLSHEFSKI, JOHN P
STREET ADDRESS	115 NAUTICAL WAY
CITY-ST-ZIP	PANAMA CITY, FL 32413
TITLE	T
NAME	OLSHEFSKI, LAURIE M
STREET ADDRESS	115 NAUTICAL WAY
CITY-ST-ZIP	PANAMA CITY, FL 32413
TITLE	S
NAME	OLSHEFSKI, JOHN P
STREET ADDRESS	115 NAUTICAL WAY
CITY-ST-ZIP	PANAMA CITY, FL 32413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/06-80019-007 150.00

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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: Laurie M Olshefski President/Owner 850-231-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CK# 6066 4-26-06 pd