

FILED  
May 02, 2005 8:00 am  
Secretary of State

05-02-2005 90975 014 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000105539

1. Entity Name

LEHMANN DEVELOPMENT AND FINANCIAL  
CORPORATION



Principal Place of Business

3209 SHOAL LINE BLVD  
HERNANDO BEACH, FL 34607

Mailing Address

PO BOX 4417  
CLEARWATER, FL 33758

40076487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3627603

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

LEHMANN, JOHN W  
4944 CEDARBROOK LANE  
HERNANDO BEACH, FL 34607

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

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

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	D	<input type="checkbox"/> Delete
NAME	LEHMANN, JOHN W	
STREET ADDRESS	4944 CEDARBROOK LANE	
CITY - ST - ZIP	HERNANDO BEACH, FL 34607	
TITLE	STVP	<input type="checkbox"/> Delete
NAME	DOYLE, CARROL A	
STREET ADDRESS	4944 CEDARBROOK LANE	
CITY - ST - ZIP	HERNANDO BEACH, FL 34607	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerment.

SIGNATURE: John W. LEHMANN *John W. Lehmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05 352-516 2588