

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56889

Entity Name: LAMFIS, INC.

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

2364 SW 34TH ST
BAY A
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

2364 SW 34TH ST
BAY A
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-0272417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPPINCOTT, JOHN B
2364 SW 34TH ST
BAY A
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FISCHER, WAYNE S
Address: 1655 PASSION VINE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: PD () Delete
Name: LIPPINCOTT, JOHN B
Address: 4963 NW 104TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: STD () Delete
Name: LIPPINCOTT, MARY JANE
Address: 4963 NW 104TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V () Delete
Name: BOWEN, CATHERINE
Address: 16162 EMERALD COVE ROAD
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: FISCHER, JOANNE
Address: 3625 WINKLER AVE. EXT. APT 6-15
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FISCHER, JOANNE
Address: 14757 CALUSA PALMS DR. #104
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. LIPPINCOTT

PD

02/22/2006

Electronic Signature of Signing Officer or Director

_____ Date