

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S77532

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: LEMON STREET STATION, INC.

## Current Principal Place of Business:

309-311 ST JOHNS AVE  
PALATKA, FL 32177

## New Principal Place of Business:

## Current Mailing Address:

309-311 ST JOHNS AVE  
PALATKA, FL 32177

## New Mailing Address:

FEI Number: 59-3080244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STUMBO, WANDA M.  
309-311 ST JOHNS AVE  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

STUMBO, WANDA M  
309-311 ST JOHNS AVE  
PALATKA, FL 32177 US

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: WANDA M STUMBO

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STUMBO, WANDA M.,  
Address: STAR RT 2 BOX 229  
City-St-Zip: SATSUMA, FL

Title: D ( ) Delete  
Name: NUNLEY, LORRAINE  
Address: RT. 1, BOX 4028  
City-St-Zip: PALATKA, FL

Title: P ( ) Delete  
Name: SACCARECCIA, CLEMENTINE W  
Address: 311 ST. JOHNS AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: STUMBO, WANDA M  
Address: P O BOX 1984  
City-St-Zip: PALATKA, FL 32178

Title: D (X) Change ( ) Addition  
Name: NUNLEY, LORRAINE  
Address: RT. 1, BOX 4028  
City-St-Zip: PALATKA, FL 32177

Title: TREA (X) Change ( ) Addition  
Name: SACCARECCIA, CLEMENTINE W  
Address: 311 ST. JOHNS AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: PRES ( ) Change (X) Addition  
Name: LYON, JOHN A  
Address: 309 ST JOHNS AVENUE  
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLEMENTINE SACCARECCIA

TREA

04/29/2005

Electronic Signature of Signing Officer or Director

Date