

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90128 030 \*\*\*150.00

**DOCUMENT # V48247**

1. Entity Name

ROBERT LEMON CONSTRUCTION, INC.



Principal Place of Business

P.O. BOX 1481  
FLAGLER BEACH FL 32136

404 N. LAKE ST.  
CRESCENT CITY FL 32112

Mailing Address

P.O. BOX 1481  
FLAGLER BEACH FL 32136

P.O. Box 21  
CRESCENT CITY FL

2. Principal Place of Business

404 N. LAKE ST.

3. Mailing Address

P.O. Box 21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)



City & State

CRESCENT CITY FL

City & State

CRESCENT CITY FL

4. FEI Number

59-3133523

Applied For

Not Applicable

Zip

32112

Country

USA.

Zip

32112

Country

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONNELLY, IRWIN A.  
306 S. OCEANSHORE BLVD.  
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LEMON, ROBERT J.  
STREET ADDRESS 5858 JOHN ANDERSON HWY  
CITY-ST-ZIP FLAGLER BEACH FL

TITLE D ☐ Delete  
NAME LEMON ROBERT J.  
STREET ADDRESS 404 N. LAKE ST.  
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ROBERT J. LEMON *Robert J. Lemon* 2/9/04 386-503-7701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #