

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V64912

FILED  
Feb 26, 2008  
Secretary of State

Entity Name: CHET LEMON ENTERPRISES, INC.

## Current Principal Place of Business:

210 S. PARK AVE.  
SUITE 202  
SANFORD, FL 32771 US

## Current Mailing Address:

P.O. BOX 955  
SANFORD, FL 32772 US

## New Principal Place of Business:

4400 N. HWY 19A  
UNIT #6  
MOUNT DORA, FL 32757 US

## New Mailing Address:

PO BOX 757  
EUSTIS, FL 32727 US

FEI Number: 59-3143962      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEMON, GIGI  
210 S. PARK AVE.  
SUITE 202  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

LEMON, GIGI  
4400 N. HWY 19A  
UNIT #6  
MOUNT DORA, FL 32757 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: \_\_\_\_\_

02/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LEMON, CHESTER E  
Address: 210 S. PARK AVE., SUITE 202  
City-St-Zip: SANFORD, FL 32771 US

Title: DST ( ) Delete  
Name: LEMON, GIGI  
Address: 210 S. PARK AVE., SUITE 202  
City-St-Zip: SANFORD, FL 32771 US

Title: D ( ) Delete  
Name: NEMES, JOHN D.,  
Address: 44885 EXETER CT.  
City-St-Zip: NOVI, MI

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LEMON, CHESTER E  
Address: 4400 N HWY 19A, UNIT #6  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: DST (X) Change ( ) Addition  
Name: LEMON, GIGI  
Address: 4400 N. HWY 19A, UNIT #6  
City-St-Zip: MOUNT DORA, FL 32757 US

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

I hereby certify that the information supplied with this filing does not qualify 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: CHESTER LEMON

PRES

02/26/2008

Electronic Signature of Signing Officer or Director

Date