


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90073 006 ***150.00

DOCUMENT # P95000068095

1. Entity Name
L 5006 INVESTMENTS, INC.



Principal Place of Business Mailing Address

4010 N. DAVIS HWY **4010 N. DAVIS HWY**
PENSACOLA, FL 32503 US **PENSACOLA, FL 32503 US**

2. Principal Place of Business 3. Mailing Address

1612 N. Pace Blvd **1612 N Pace Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite #5 **Suite #5**

City & State City & State

Pensacola FL **Pensacola FL**

Zip Country Zip Country

32505 USA **32505 USA**

6. Name and Address of Current Registered Agent

LEWIS, ROBERT E JR
4010 N. DAVIS HWY
PENSACOLA, FL 32503



04032005 Chg-P. CR2E034 (10/03)

4. FEI Number Applied For

59-3333576 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: **Robert E. Lewis Jr**
 Street Address (P.O. Box Number is Not Acceptable): **1612 N. Pace Blvd**
 Suite #5
 City: **Pensacola** FL Zip Code: **32505**

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: **Robert E Lewis Jr** DATE: **4/1-05**

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LEWIS, ROBERT E JR		NAME 1612 N. Pace Blvd Suite 5	
STREET ADDRESS 4010 N. DAVIS HWY		STREET ADDRESS Pensacola FL 32505	
CITY-ST-ZIP PENSACOLA, FL 32503		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowered.

SIGNATURE: **Robert E Lewis Jr** Date: Day/In Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR