2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000132802

1. Entity Name

LIPPMAN, HORWEEN AND ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
638 BROADWAY AVE. ORLANDO FL 32803	638 BROADWAY AVE. ORLANDO FL 32803

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 20-1748976 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIPPMAN, MARK R ESQ. 638 BROADWAY AVE. ORLANDO FL 32803	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 accep the obligations of registered agent.

SIGNATURE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consisting) 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 E Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	[ ] Delete	TITLE		[ ] Change [ ] Add
NAME	LIPPMAN, MARK R ESQ.		NAME		
STREET ADDRESS	638 BROADWAY AVE.		STREET ADDRESS	U00000423724	
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	02/18/06-80020-006 158.75	
TITLE	D	[ ] Delete	TITLE		[ ] Change [ ] Add
NAME	HORWEEN, KENDALL ESQ.		NAME		
STREET ADDRESS	638 BROADWAY AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		[ ] Delete	TITLE		[ ] Change [ ] Add
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 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 directo 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Lippman 2/2/06 4076484213