

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000049870

FILED
Mar 14, 2007
Secretary of State

Entity Name: FOSTER, LINDEMAN & KLINKBEIL, P.A.

Current Principal Place of Business:

100 E PINE ST STE 302
ORLANDO, FL 32801

New Principal Place of Business:

121 SOUTH ORANGE AVENUE
SUITE 1420
ORLANDO, FL 32801 US

Current Mailing Address:

100 E PINE ST STE 302
ORLANDO, FL 32801

New Mailing Address:

121 SOUTH ORANGE AVENUE
SUITE 1420
ORLANDO, FL 32801 US

FEI Number: 59-3453528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, TOMPKINS A
8633 ASHBURY PARK
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOSTER, TOMPKINS A
Address: 8633 ASHBURY PARK
City-St-Zip: ORLANDO, FL 32818

Title: VSD () Delete
Name: LINDEMAN, WILLIAM M
Address: 8633 ASHBURY PARK
City-St-Zip: ORLANDO, FL 32818

Title: VD () Delete
Name: KLINKBEIL, WAYNE E
Address: 100 E PINE ST STE 302
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: KLINKBEIL, WAYNE E
Address: 121 SOUTH ORANGE AVENUE, SUITE 1420
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TOMPKINS A. FOSTER

PD

03/14/2007

Electronic Signature of Signing Officer or Director

Date