
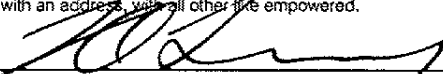


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 474228		
1. Entity Name LINDSAY, ANDREWS & LEONARD, P.A.		
Principal Place of Business 5218 WILLING STREET MILTON, FL 32570		Mailing Address 5218 WILLING STREET MILTON, FL 32570
DO NOT WRITE IN THIS SPACE		
		02282007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-1593660		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LINDSAY JR, ALLEN W. 5218 WILLING STREET MILTON, FL 32570		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000668820 03/27/07-80046-015 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LINDSAY, ALLEN W. JR. 5218 WILLING STREET MILTON, FL 32570	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANDREWS, ROY V. 5218 WILLING STREET MILTON, FL 32570	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEONARD, T.A. JR. 5218 WILLING STREET MILTON, FL 32570	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 Chapter 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 life empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-14-07 (850) 623-3200 <small>Date Daytime Phone #</small>