2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATU

FILED Jan 24, 2005 08:00 AM **DOCUMENT # 520939 Secretary of State** 1. Entity Name T. G. LAGRONE, P.A. Principal Place of Business Mailing Address P O BOX 951627 288 EVANSDALE LAKE MARY FL 32746 US LAKE MARY FL 32795 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-1710889 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAGRONE, T G Street Address (P O Box Number is Not Acceptable) 288 EVANSDALE ROAD LAKE MARY FL 32746 Zip Code City 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 Signalure typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 PD ☐ Change HILE Delete 7000 Addition | LAGRONE, T G NAME NAME U00000189851 288 EVANSDALE STREET ADDRESS STREET ADDRESS 01/24/05-80108-023 150.00 CHY \$1-74P LAKE MARY FL CITY ST - 31P ☐ Delete Tellet ☐ Change ☐ Addition HUE LAGRONE, ELLEN L. NAME NAME 288 EVANSDALE STREET ADDRESS STREET ADDRESS LAKE MARY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TOTALE THLE ☐ Addition NAME LAGRONE, ELLEN L. NAME STREET ADDRESS STREET ADDRESS 288 EVANSDALE ROAD CHY-ST-78 CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Change Addition ☐ Defete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7tP CITY-ST-ZIP ☐ Delete Hill Change Addition 10118 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete UILE ☐ Change Addition Iditio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-SI-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.

G. LACTRONE 19, TAN. 05 407321 7530