


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # 592628 1. Entity Name LORNE W. HUNSBERGER, P.A.	
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Principal Place of Business 2901 W BUSCH BLVD STE 1007 TAMPA, FL 33618 US	Mailing Address 2901 W BUSCH BLVD STE 1007 TAMPA, FL 33618 US
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1855875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNSBERGER, LORNE W
2901 W BUSCH BLVD
STE 1007
TAMPA, FL 33618

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000696364
04/17/07-80097-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HUNSBERGER, LORNE W 2901 W BUSCH BLVD., STE 1007 TAMPA, FL 33618
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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 like empowered.

SIGNATURE: LORNE W HUNSBERGER *Lorne W Hunsberger* 4/4/07 813-931-4122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #