


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000007673</b> 1. Entity Name <b>JOSEPH D. LAGRASSE AND ASSOCIATES, INC.</b>	
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Principal Place of Business <b>ONE ELM SQUARE ANDOVER, MA 01810</b>	Mailing Address <b>ONE ELM SQUARE ANDOVER, MA 01810</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01122008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>04-2798872</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LAGRASSE, JOSEPH D 1305 ARTISAN AVE. EAST CELEBRATION, FL 34747</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LAGRASSE, JOSEPH D 1305 ARTISAN AVE. EAST CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAGRASSE, LILA R 1305 ARTISAN AVE. EAST CELEBRATION, FL 34747
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<p>U00000819512 02/15/08-80086-012 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Joseph D. Lagrasse AIA 1/14/08 978-470-3675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #