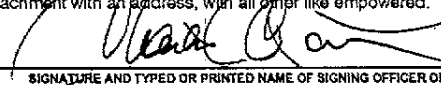


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F49879 1. Entity Name LAU, LANE, PIEPER, CONLEY & MCCREADIE, P.A.		
Principal Place of Business 100 S. ASHLEY DRIVE 1700 TAMPA, FL 33602-5311 US	Mailing Address P.O. BOX 838 TAMPA, FL 33601-0838 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LANE, CHARLES C 100 S. ASHLEY DR., SUITE #1700 TAMPA, FL 33602		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HORAN, MARY ANNETTE 100 S ASHLEY DR #1700 TAMPA, FL	DO NOT WRITE IN THIS SPACE 000000551805 05/13/06-80112-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, CHARLES C 100 S ASHLEY DR #1700 TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCREADIE, DAVID W. 100 SOUTH ASHLEY DRIVE, SUITE 1700 TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAU, MARY A. 100 S ASHLEY DR #1700 TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONLEY, TIMOTHY C. 100 S ASHLEY DR. #1700 TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIEPER, NATHANIEL 100 S ASHLEY DR #1700 TAMPA, FL	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/27/06</u> Daytime Phone # <u>813-229-2121</u>