

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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| DOCUMENT # F49879 | |
| 1. Entity Name LAU, LANE, PIEPER, CONLEY & MCCREADIE, P.A. | |



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| 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 |
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01102008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2132119 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LANE, CHARLES C 100 S. ASHLEY DR., SUITE #1700 TAMPA, FL 33602 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000782322 01/15/08-80071-001 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HORAN, MARY ANNETTE 100 S ASHLEY DR #1700 TAMPA, FL |
| 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 |

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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 supplementary 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.

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| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: 1/10/2008 | Daytime Phone #: 229-2121 |
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