

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78871

**FILED**  
**Apr 05, 2005**  
**Secretary of State**

**Entity Name:** MARCIA K. LIPPINCOTT, P.A.

**Current Principal Place of Business:**

1800 PEMBROOK DRIVE  
SUITE 300  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 953693  
LAKE MARY, FL 32795 US

**New Mailing Address:**

**FEI Number:** 59-2185579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIPPINCOTT, MARCIA K  
1800 PEMBROOK DRIVE  
SUITE 300  
ORLANDO, FL 32810 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: LIPPINCOTT, MARCIA K,  
Address: 864 BRIGHT MEADOW DR  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: LIPPINCOTT, MARCIA K,  
Address: 1800 PEMBROOK DRIVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/ MARCIA K. LIPPINCOTT

PSD

04/05/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date