

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90024 007 ***150.00

DOCUMENT # G02695

1. Entity Name
 LAW, REDD, CRONA & MUNROE, P.A.



Principal Place of Business Mailing Address

% HARRY L. REDD % HARRY L. REDD
 2727 APALACHEE PARKWAY 2727 APALACHEE PARKWAY
 TALLAHASSEE, FL 32301-3629 TALLAHASSEE, FL 32301-3629

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2075 CENTRE POINTE BLVD. **2075 CENTRE POINTE BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 200 **SUITE 200**

City & State City & State

TALLAHASSEE, FL **TALLAHASSEE, FL**

Zip Country Zip Country

32308 **USA** **32308** **USA**



03122008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

LAW, RICHARD H
 2727 APALACHEE PARKWAY
 TALLAHASSEE, FL

4. FEI Number Applied For

59-2221664 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2075 CENTRE POINTE BLVD.

SUITE 200

City State Zip Code

TALLAHASSEE **FL** **32308**

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 _____ DATE _____
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE	V	<input type="checkbox"/> Delete
NAME	LAW, RICHARD H	
STREET ADDRESS	2727 APALACHEE PARKWAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	T	<input type="checkbox"/> Delete
NAME	REDD, HARRY	
STREET ADDRESS	2727 APALACHEE PARKWAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	MUNROE, PETER G.	
STREET ADDRESS	2727 APALACHEE PARKWAY	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GANDY, BONNIE	
STREET ADDRESS	2727 APALACHEE PKWY	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2075 CENTRE POINTE BLVD #200	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Date: **4/1/08** Daytime Phone #: **850-878-6189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR