


**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # H39634</b> 1. Entity Name <b>LENNON APPRAISER'S &amp; CONSULTANTS, INC.</b>	
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Principal Place of Business <b>10730 U.S. HWY 19          SUITE 9          PORT RICHEY, FL 34668</b>	Mailing Address <b>10730 U.S. HWY 19          SUITE 9          PORT RICHEY, FL 34668</b>
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2726819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

LENNON, GORDON F.  
 10730 US HWY 19, SUITE 9  
 PORT RICHEY, FL 34668

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00

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

000000688598  
 04/10/07-80005-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LENNON, GORDON F.
STREET ADDRESS	10730 US HWY 19, SUITE 9
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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