
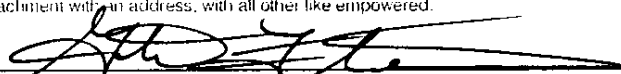


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90025 047 ***150.00

DOCUMENT # H39634					
1. Entity Name LENNON APPRAISER'S & CONSULTANTS, INC.					
Principal Place of Business 10730 U.S. HWY 19 SUITE 9 PORT RICHEY, FL 34668			Mailing Address 10730 U.S. HWY 19 SUITE 9 PORT RICHEY, FL 34668		
2. Principal Place of Business - No P.O. Box # 18250 Drayton Street			3. Mailing Address 18250 Drayton Street		
Suite, Apt. #, etc. Pasco County			Suite, Apt. #, etc. Pasco County		
City & State Spring Hill, FL			City & State Spring Hill, FL		
Zip 34610-1617	Country USA	Zip 34610-1617	Country USA	4. FEI Number 59-2726819	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LENNON, GORDON F. 10730 US HWY 19, SUITE 9 PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, printed name, title and address of person submitting this report. If the registered agent is submitting, include "CA" after the name.</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD LENNON, GORDON F. 10730 US HWY 19, SUITE 9 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD Lennon, Gordon F. 18250 Drayton Street Spring Hill, FL 34610-1617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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: 			Gordon F. Lennon, President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					