

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90079 008 ***150.00



DOCUMENT # H63128					
1. Entity Name LEE PALLARDY, INC.					
Principal Place of Business 609 E. JACKSON ST., #200 TAMPA, FL 33602-4906			Mailing Address 609 E. JACKSON ST., #200 TAMPA, FL 33602-4906		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2552672	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALLARDY, LEE F III 609 E. JACKSON ST., #200 TAMPA, FL 33602-4906			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	TCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALLARDY, LEE F III		NAME		
STREET ADDRESS	609 E. JACKSON ST., #200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336024906		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRISLER, RANCINE M		NAME		
STREET ADDRESS	609 E. JACKSON ST., #200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336024906		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, JAMIE M		NAME		
STREET ADDRESS	609 E. JACKSON ST., #200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336024906		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TALLEY, JAMES M JR		NAME		
STREET ADDRESS	609 E. JACKSON ST., #200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336024906		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAULBEE, DAVID M		NAME		
STREET ADDRESS	609 E. JACKSON ST., #200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336024906		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Wall, Jolene K.		NAME		
STREET ADDRESS	609 E. Jackson St., #200		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33602		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: _____			01/27/2006 (813)221-3700		
LEE P. PALLARDY, III, Chairman & Treasurer			Date Daytime Phone #		



01262006 Chg-P CR2E034 (11/05)