
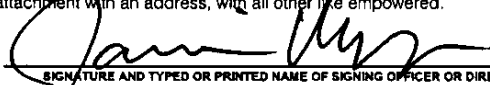


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90109 016 ***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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PALLARDY, LEE F III 609 E. JACKSON ST., #200 TAMPA, FL 33602-4906		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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: 		Date: 1/19/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	