FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90024 038 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J20418

1. Entity Name
LIPSEY AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1400 PRUDENTIAL DR STE 7 JACKSONVILLE, FL 32207 US	1400 PRUDENTIAL DR SUITE 7 JACKSONVILLE, FL 32207 US

2. Principal Place of Business	3. Mailing Address
550 WATER STREET SUITE 1230 JACKSONVILLE, FL 32202	550 WATER STREET SUITE 1230 JACKSONVILLE, FL 32202
Zip / Country	

01162006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-2691698 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRYANT, CECILIA 1400 PRUDENTIAL DR SUITE 7 JACKSONVILLE, FL 32207	new address ~~CECILIA BRYANT, P.A.~~ 550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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	PST LIPSEY, RICHARD 1400 PRUDENTIAL DR 7 JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Richard E. Lipsey~~ PST 550 WATER STREET SUITE 1230 JACKSONVILLE, FL 32202	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1-24-06 904-398-2168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #