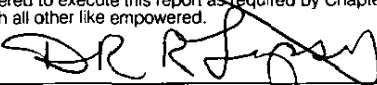


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2006 90024 038 ***150.00

DOCUMENT # J20418 1. Entity Name LIPSEY AND ASSOCIATES, INC.			
Principal Place of Business 1400 PRUDENTIAL DR SUITE 7 JACKSONVILLE, FL 32207 US		Mailing Address 1400 PRUDENTIAL DR SUITE 7 JACKSONVILLE, FL 32207 US	
2. Principal Place of Business 550 WATER STREET SUITE 1230 JACKSONVILLE, FL 32202		3. Mailing Address 550 WATER STREET SUITE 1230 JACKSONVILLE, FL 32202	
Zip 32202 Country US		4. FEI Number 59-2691698	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BRYANT, CECILIA 1400 PRUDENTIAL DR SUITE 7 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent <i>new address</i> CECILIA BRYANT, P.A. 550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202	
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.		Zip Code	
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. ☐ \$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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard E. Lipsey 550 WATER STREET SUITE 1230 JACKSONVILLE, FL 32202
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
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
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: 		1-24-06 904-398-2168	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	