



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90189 002 ***150.00

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|--|--|--|---|--|--|
| DOCUMENT # J75434 1. Entity Name LUSSENDEN & ASSOCIATES, INC. | | | |  | |
| Principal Place of Business 1900 LAND O'LAKES BLVD SUITE 117 LUTZ, FL 33549 US | | | Mailing Address 1900 LAND O'LAKES BLVD SUITE 117 LUTZ, FL 33549 US | | |
| 2. Principal Place of Business 20621 Arthur Ct | | 3. Mailing Address 20621 Arthur Ct | |  01082006 Chg-P CR2E034 (11/05) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Lutz, FL | | City & State Lutz, FL | | | |
| Zip 33558 | | Country USA | | 4. FEI Number 59-2813437 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent LUSSENDEN, BRIAN D. 20621 ARTHUR CT LUTZ, FL 33549 | | | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PVST LUSSENDEN, BRIAN D. 20621 ARTHUR CT LUTZ, FL | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Brian D. Lussenden</u> 1/8/06 813 944-2239 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |