

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K97436**

1. Entity Name  
SHEREE H. LANCASTER, P.A.



Principal Place of Business

109 E. WADE ST.  
P.O. BOX 1000  
TRENTON, FL 32693

Mailing Address

109 E. WADE ST.  
P.O. BOX 1000  
TRENTON, FL 32693



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2958219

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LANCASTER, SHEREE H  
109 E. WADE ST.  
TRENTON, FL 32693

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LANCASTER, SHEREE H  
STREET ADDRESS 109 E. WADE ST.  
CITY-ST-ZIP TRENTON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

UN00000576828  
01/05/07-80002-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/07

Date

352-463-1000

Daytime Phone #

SHEREE H. LANCASTER