

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20850

FILED
Jan 11, 2008
Secretary of State

Entity Name: CHATHAM, SELAND & LASHLEY, P.A.

Current Principal Place of Business:

940 CENTRE CIRCLE
SUITE 2005
ALTAMONTE SPRINGS, FL 327142915

Current Mailing Address:

940 CENTRE CIRCLE
SUITE 2005
ALTAMONTE SPRINGS, FL 327142915

New Principal Place of Business:

919 WEST STATE ROAD 436
SUITE 300
ALTAMONTE SPRINGS, FL 327142915

New Mailing Address:

919 WEST STATE ROAD 436
SUITE 300
ALTAMONTE SPRINGS, FL 327142915

FEI Number: 59-2971991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASHLEY, GARY D
940 CENTRE CIRCLE
SUITE 2005
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

LASHLEY, GARY D
919 WEST STATE ROAD 436
SUITE 300
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE:

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: LASHLEY, GARY D
Address: 940 CENTRE CIRCLE, SUITE 2005
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DVPT () Delete
Name: SELAND, KURT
Address: 356 N FOX CHASE POINT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: LASHLEY, GARY D
Address: 919 WEST STATE ROAD 436 #300
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KURT SELAND

VP

01/11/2008

Electronic Signature of Signing Officer or Director

Date