## FILED Sep 05, 2007 8:00 am Secretary of State

	ANNUAL	REPORT	IION
OCUMENT #1	86137		

Principal Pacco of Business  **WO-STRUMM-GAMMSRHAM- GOS N.E. RISK STREET, SUITE G GAMESVILLE, FL 32601  2. Franças Fra	1. Entity Nam	MENT # L86137 FIELD LAW, P.A.				A		90005 025 *	**550	.00
SON EXPENSIONERS. SPECE SUITE GENERAL TO SECURITY AND STATE OF STA	Principal Plac	e of Business	Mailing Address	<u> </u>		401	, -			
2. Procopin Proced of Burgery 4- No P.O. Box # Suite, Act #, 81c. Suit	605 N.E. FIR GAINESVILLE	M-CHAMBERLAIN ST STREET, SUITE G , FL 32601	-G/O STEVEN M. CHAMB 605 N.E. FIRST STREET GAINESVILLE, FL 3260	, SUITE G	<i>a</i>					
Satin, Apt. P. 900. Subt. Apt. 1, 900. Subt. Apt. 1, 900. Subt. C. Subt.	2. Principal F	nory Springtield Place of Business - No P.O. Box #	3. Mailing Address		/					
Sy S State Syd S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	J		07122007	Cha-P	CR2E034 (	12/06)	
Spring   County   Sp. and Address of Current Registered Agent   Sp. and Address of New Registered Agent   Name   Sp. and Address of New Registered Agent   Name   Street Address (P.O. Box Naumber is Not Acceptable)   Sp. and Address of New Registered Agent   Name   Street Address (P.O. Box Naumber is Not Acceptable)   Sp. and Address of New Registered Agent   Name   Street Address (P.O. Box Naumber is Not Acceptable)   Sp. and Address of New Registered Agent   Name   Street Address (P.O. Box Naumber is Not Acceptable)   Sp. and Address of New Registered Agent   Name   Street Address (P.O. Box Naumber is Not Acceptable)   Sp. and Address of New Registered Agent   Name   Street Address (P.O. Box Naumber is Not Acceptable)   Street Address (P.O. Box Naumber is			Suited							
S. PRINGFIELD, F. E.  GAINESVILLE, FL. 32601  S. Certificate of Status Desired   S9.75 Auditional Required   Facebase   F	Gaine	sulle, FL	(sancille	FL			-		<del></del>	<del>}</del>
SPRINGFIELD, F E GOS N.E. FIRST STREET, SUITE G GAINESVILLE, FL 32601  8. The above named entity submits this statement far the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SOUNCE FLE NOWIII FEE IS \$550.00  PILE NOWI	Zip 3260	Country USF	Zip_3260 L	Country US-71				Fee	Required	
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B. The above named entity submits this statement by the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Committee	605 N.E. FIRST STREET, SUITE G									
8. The above named entity submits this statement to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Common				City			· ···	FL	Zip Code	3
The obligations of registered agent.    Content   Conten	8. The above	named entity submits this statement for	the purpose of changing its	registered office of	or registere	ed agent, or bo	th, in the State of Flo		ar with, a	and accept
FILE NOW!I FEE IS \$55.00 Due by September 14, 2007  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  PS	the obligat	ions of registered agent.	uld				71.	12/07		·
Trust Fund Contribution.   Added to Fees		Signature, typed or printed name of registered agent a	title if applicable. (NOTE	: Registered Agent signs	ature required	when reinstating)		DATE		
Trust Fund Contribution.   Added to Fees		E NOW!!! EEE IS SEEN ON	9. Election Campaid	an Financing	\$5.	00 Nov. Bo	<del></del>			
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