2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2008 08:00 AM Secretary of State **DOCUMENT # M89676** M. JAY LANCER, P.A. Principal Place of Business Mailing Address 1900 RINGLING BLVD. % JAY LANCER SARASOTA, FL 34236 P.O. BOX 49316 SARASOTA, FL 34230 04242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0058578 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANCER, JAY DO NOT WRITE 1900 RINGLING BOULEVARD **SUITE 1000** IN THIS SPACE SARASOTA, FL 34236 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, byted or printed name of registered agent and title if applicable (NOTE: Repistered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000934791 23708-80046-021 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LANCER, M. JAY NAME STREET ADDRESS 1900 RINGLING BLVD. CITY-ST-ZIP SARASOTA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of 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 active empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ASGNATURE AND SPACED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

941-953-3000

FILED

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