

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002783

1. Entity Name
FLORIDA LOBBYIST ASSOCIATION, INC.



Principal Place of Business
106 E. COLLEGE AVENUE
SUITE 640
TALLAHASSEE, FL 32301

Mailing Address
P.O. BOX 10775
TALLAHASSEE, FL 32302

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 47-5584369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARKEY, JEFFREY B
106 E. COLLEGE AVENUE
#640
TALLAHASSEE, FL 32301

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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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHARKEY, JEFFREY B
STREET ADDRESS	106 E. COLLEGE AVENUE, SUITE 640
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	RAYNOR, MICHAEL
STREET ADDRESS	150 S. MONROE ST., SUITE 400
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	REILLY, CURT
STREET ADDRESS	150 S. MONROE ST., SUITE 400
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000389984
01/23/06-80007-007 61.25

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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 617, 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

Date

Daytime Phone #

01/11/06 850-224-1660