

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P 000000 66113
1. Entity Name



THE LAWYERS OF TALLAHASSEE, INC.

FILED

2007 MAY -1 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2892 PARK AVE SUITE 2B 3. Mailing Address P.O. Box 37351
Suite, Apt. #, etc. Suite, Apt. #, etc.

CR2E034B (8/05)

City & State Tallahassee City & State Tallahassee, FL 4. FEI Number 59-3658235 Applied For
Not Applicable
Zip 32301 Country USA Zip 32315 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Lee R. Hampton IV
Street Address (P.O. Box Number is Not Acceptable) 8185 WENONGA COURT
City Tallahassee FL Zip Code 32311

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPS Robert Adams 3002 PROSPECT TALLAHASSEE, FL 32301</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT OF OPERATIONS RONALD HAMPTON 1450 MILIC BLVD TALLAHASSEE, FL 32304</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100102213971 05/11/07--01030--025 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER BONITA HAMPTON 8185 WENONGA CT TALL, FL 32311</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT LEE R. HAMPTON IV 8185 WENONGA CT TALL, FL 32311</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with or without other like empowered.

SIGNATURE: [Signature] LEE Royal Hampton IV 4-30-07 (850) 284-6883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #