


**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90331 023 \*\*\*158.75

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P0000072951</b>			
1. Entity Name LANA L. STANSBURY, P.A.			
Principal Place of Business 37 EOGAN DR SANTA ROSA BEACH, FL 32459 <i>10343 E County Hwy 30-A Seacrest Beach, FL 32413</i>		Mailing Address 174 WOODLAND DR SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3666088		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANSBURY, LANA L 174 WOODLAND DR SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>(Print, type or press name of registered agent and job if applicable. (NOTE: Registered Agent signature required when registering.)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANSBURY, LANA L 174 WOODLAND DR SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Block 11 if changed, or on an attachment with an address/with authority like empowerment.			
SIGNATURE: <i>Lana L Stansbury</i>		Date _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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03082006 Chg-P CR2E084 (10/03)