

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000000368

1. Entity Name  
ALBRITTON & LUNSFORD LAWYERS, P.A.



Principal Place of Business  
100 MADISON ST, STE 302  
TAMPA, FL 33602

Mailing Address  
100 MADISON ST, STE 302  
TAMPA, FL 33602



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3690688

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBRITTON, A. DALLAS  
100 MADISON ST, STE 302  
TAMPA, FL 33602

**DO NOT WRITE  
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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALBRITTON, A. DALLAS  
STREET ADDRESS 100 MADISON ST, STE 302  
CITY-ST-ZIP TAMPA, FL 33602

TITLE S  
NAME LUNSFORD, RACHEL A  
STREET ADDRESS 100 MADISON ST, STE 302  
CITY-ST-ZIP TAMPA, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000939808  
05/28/08-80040-006 150.00

**DO NOT WRITE  
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 607, 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:

*A. Dallas Albritton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
A DALLAS ALBRITTON

4-29-08 813-229-3481

Date

Daytime Phone #