

2005 FOR PROFIT CORPORATION ANNUAL REPORT


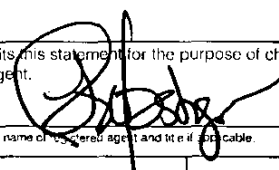
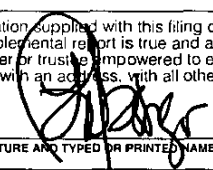
FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90034 045 ***150.00

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03202005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000009314			
1. Entity Name LASTINGER AGENCY, INC.			
Principal Place of Business 3131 NW 13TH STREET SUITE #51 GAINESVILLE, FL 32601		Mailing Address 3131 NW 13TH STREET SUITE #51 GAINESVILLE, FL 32601	
2. Principal Place of Business 300 S. DUNCAN AVE		3. Mailing Address P.O. Box 11	
Suite, Apt. #, etc. # 296 B		Suite, Apt. #, etc.	
City & State CLEARWATER FL		City & State ORANGE LAKE (FL)	
Zip 33755	Country USA	Zip 32681	Country USA
4. FEI Number 59-3686790		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 LASTINGER, ROCKY W 3131 NW 13TH STREET SUITE #51 GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  Rocky W. Lastinger (President Registered Agent) 3-21-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P LASTINGER, ROCKY W 21550 NW 87 AVE ROAD MICANOPY, FL 32667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LASTINGER, VLEVA LOUISE 21550 NW 87 AVE ROAD MICANOPY, FL 32667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  Rocky W. Lastinger (President) 3-21-05 352 219-3495 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			