

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031720

Entity Name: HAROLD S.LIPPES, P.A.

FILED
Feb 18, 2007
Secretary of State

Current Principal Place of Business:

ONE ENTERPRISE CENTER
225 WATER STREET SUITE 225
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

800 WEST MONROE STREET
JACKSONVILLE, FL 32202 US

Current Mailing Address:

ONE ENTERPRISE CENTER
225 WATER STREET SUITE 225
JACKSONVILLE, FL 32202 US

New Mailing Address:

800 WEST MONROE STREET
JACKSONVILLE, FL 32202 US

FEI Number: 59-3709489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPPES, HAROLD S
ONE ENTERPRISE CENTER 225 WATER ST STE 225
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

LIPPES, HAROLD S
800 WEST MONROE STREET
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: _____

02/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIPPES, HAROLD S
Address: ONE ENTERPRISE CENTER 225 WATER ST STE 225
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIPPES, HAROLD S
Address: 800 WEST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Change (X) Addition
Name: BRYAN, MARK C
Address: 800 WEST MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD S. LIPPES

PD

02/18/2007

Electronic Signature of Signing Officer or Director

Date