


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000088423 1. Entity Name LIPSCOMB & NICHOLAS, P.A.	
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Principal Place of Business 4040 W WATERS AVE SUITE 1800 TAMPA, FL 33614	Mailing Address 4040 W WATERS AVE SUITE 1800 TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3742801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000474240 04/04/06-80016-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD NICHOLAS, JOSEPH E 4040 W WATER AVE, STE 1800 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVD LIPSCOMB, DAVID W 4040 W WATER AVE, STE 1800 TAMPA, FL 33614
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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: David W. Lipscomb **David W. Lipscomb** 3/14/06 813-588-5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone