

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90106 024 \*\*\*150.00

<b>DOCUMENT # P01000088423</b>																																															
<b>1. Entity Name</b> LIPSCOMB & NICHOLAS, P.A.																																															
<b>Principal Place of Business</b> 1906 N. TAMPA ST. TAMPA, FL 33602			<b>Mailing Address</b> 1906 N. TAMPA ST. TAMPA, FL 33602																																												
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State																																													
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3742801																																											
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																											
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																																												
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			Name																																												
			Street Address (P.O. Box Number is Not Acceptable)																																												
			City																																												
			FL Zip Code																																												
<b>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.</b>																																															
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 5px;"> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="width: 40%; padding: 5px;"> <b>PTD</b>  <b>NICHOLAS, JOSEPH E</b>  <b>4040 W WATER AVE, STE 1800</b>  <b>TAMPA, FL 33614</b> </td> <td style="width: 30%; padding: 5px;"> <input type="checkbox"/> Delete             </td> <td style="width: 30%; padding: 5px;"> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="width: 40%; padding: 5px;"> <b>1906 W. 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<b>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.</b>																																															
<b>SIGNATURE:</b> <u>David W. Lipscomb</u> <b>01/30/2007</b> <b>813-273-9667</b>																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																															

