
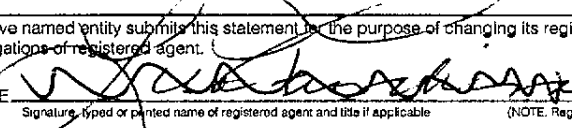
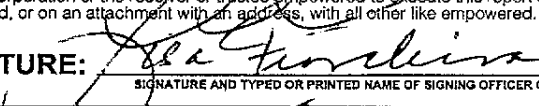


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

| | | |
|--|--|--|
| DOCUMENT # P01000122065 | |  |
| 1. Entity Name THE LAW OFFICES OF LISA A. FRANCHINA, P.A. | | |
| Principal Place of Business 207 E RIDGEWOOD ST ORLANDO, FL 32801 | Mailing Address 207 E RIDGEWOOD ST ORLANDO, FL 32801 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent FRANCHINA, LISA A 209 E RIDGEWOOD STREET ORLANDO, FL 32801 | | 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 reinstalling) | | |
| 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 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVST FRANCHINA, LISA A 209 E RIDGEWOOD STREET ORLANDO, FL 32801 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FRANCHINA, LISA A 209 E RIDGEWOOD STREET ORLANDO, FL 32801 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lisa Franchina | | 4/30/06 407-839-0222 Date Daytime Phone # |



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0617782

| |
|----------------|
| Applied For |
| Not Applicable |

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

U00000561663
05/19/06-80020-025 150.00

**DO NOT WRITE
IN THIS SPACE**