2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# P02000072389

Entity Name: LYNN CHISM, P.A.

Current Principal Place of Business:

2325 BEE RIDGE ROAD
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2325 BEE RIDGE ROAD
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 03-0458509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHISM, LYNN F
1211 34TH STREET
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

CHISM, LYNN F
PO BOX 1593
OSPREY, FL 34229 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: LYNN F. CHISM 01/12/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHISM, LYNN F
Address: 1211 34TH STREET
City-St-Zip: SARASOTA, FL 34239

Title: P ( ) Delete
Name: CHISM, LYNN F
Address: 1211 34TH STREET
City-St-Zip: SARASOTA, FL 34239

Title: V ( ) Delete
Name: CHISM, LYNN F
Address: 1211 34TH STREET
City-St-Zip: SARASOTA, FL 34239

Title: S ( ) Delete
Name: CHISM, LYNN F
Address: 1211 34TH STREET
City-St-Zip: SARASOTA, FL 34239

Title: T ( ) Delete
Name: CHISM, LYNN F
Address: 1211 34TH STREET
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CHISM, LYNN F
Address: PO BOX 1593
City-St-Zip: OSPREY, FL 34229 US

Title: P (X) Change ( ) Addition
Name: CHISM, LYNN F
Address: PO BOX 1593
City-St-Zip: OSPREY, FL 34229 US

Title: V (X) Change ( ) Addition
Name: CHISM, LYNN F
Address: PO BOX 1593
City-St-Zip: OSPREY, FL 34229 US

Title: S (X) Change ( ) Addition
Name: CHISM, LYNN F
Address: PO BOX 1593
City-St-Zip: OSPREY, FL 34229 US

Title: T (X) Change ( ) Addition
Name: CHISM, LYNN F
Address: PO BOX 1593
City-St-Zip: OSPREY, FL 34229 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNN F. CHISM PRES 01/12/2005
Electronic Signature of Signing Officer or Director Date