2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# P02000080047

Entity Name: GARY D. LEMASTER AND ASSOCIATES, P.A.

Current Principal Place of Business:

7 EAST SILVER SPRINGS BLVD., SUITE 100
OCALA, FL 34470

New Principal Place of Business:

7 EAST SILVER SPRINGS BLVD.
SUITE 100
OCALA, FL 34470

Current Mailing Address:

7 EAST SILVER SPRINGS BLVD., SUITE 100
OCALA, FL 34470

New Mailing Address:

7 EAST SILVER SPRINGS BLVD.
SUITE 100
OCALA, FL 34470

FEI Number: 20-0000352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEMASTER, GARY D
7 EAST SILVER SPRINGS BLVD., SUITE 100
OCALA, FL 34470 US

Name and Address of New Registered Agent:

LEMASTER, GARY D
7 EAST SILVER SPRINGS BLVD
SUITE 100
OCALA, FL 34470 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: GARY D. LEMASTER 02/02/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEMASTER, GARY D
Address: 7 EAST SILVER SPRINGS BLVD., SUITE 100
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEMASTER, GARY D
Address: 7 EAST SILVER SPRINGS BLVD. SUTIE 100
City-St-Zip: OCALA, FL 34470

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: GARY D. LEMASTER PD 02/02/2005
Electronic Signature of Signing Officer or Director Date