

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000080047

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



Principal Place of Business
7 EAST SILVER SPRINGS BLVD.
SUITE 100
OCALA, FL 34470

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



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0000352

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000670892
03/28/07-80007-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEMASTER, GARY D
STREET ADDRESS 7 EAST SILVER SPRINGS BLVD. SUITE 100
CITY-ST-ZIP Ocala, FL 34470

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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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 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 "changed, or on an attachment with an address, with all other like empowered."

SIGNATURE:

Gary D. Lemaster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07 (352)162

Date

Daytime