


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90195 015 ***158.75

DOCUMENT # P03000003330

1. Entity Name
 LYSAGHT & LYSAGHT, P.A.



Principal Place of Business Mailing Address

1001 NORTH U.S. HIGHWAY ONE
 SUITE 407
 JUPITER, FL 33477

1001 NORTH U.S. HIGHWAY ONE
 SUITE 407
 JUPITER, FL 33477

60034012



2. Principal Place of Business - No P.O. Box #
 112 Intracoastal Pointe Dr

3. Mailing Address
 112 Intracoastal Pointe Dr

Suite, Apt. #, etc.

04152008 Chg-P CR2E034 (12/06)

City & State City & State

Jupiter, FL Jupiter, FL

Zip Country Zip Country

33477 USA 33477 USA

4. FEI Number
 22-3890820

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

INTRACOASTAL TITLE, LLC
 1001 NORTH U.S. HIGHWAY ONE
 SUITE 407
 JUPITER, FL 33477

7. Name and Address of New Registered Agent

Name
 Intracoastal Title, LLC

Street Address (P.O. Box Number is Not Acceptable)
 112 Intracoastal Pointe Drive

City State Zip Code

Jupiter FL 33477

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: Deborah M. Metz DATE: 4/15/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTNR LYSAGHT, DEBORAH METZ 1001 NORTH U.S. HIGHWAY ONE, SUITE 407 JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTNR LYSAGHT, Deborah metz 112 Intracoastal Pointe Drive Jupiter, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Deborah Metz DATE: 4/15/08 Daytime Phone #: 561 748 8710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR