


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90458 039 ***150.00

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| DOCUMENT # P03000004310 | | | |  | |
| 1. Entity Name LISA A. HOPPE, P.A. | | | | | |
| Principal Place of Business 1311 N. WESTSHORE BLVD. 205 TAMPA, FL 33607 | | | Mailing Address 1311 N. WESTSHORE BLVD. 205 TAMPA, FL 33607 | | |
| 2. Principal Place of Business 2816 Beach Blvd Suite, Apt. #, etc. | | | 3. Mailing Address 2816 Beach Blvd Suite, Apt. #, etc. | | |
| City & State St Petersburg, FL Zip: 33707 Country: USA | | City & State St Petersburg, FL Zip: 33707 Country: USA | | 04202006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 65-1170622 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOPPE, LISA A ESQ. 1311 N. WESTSHORE BLVD. 205 TAMPA, FL 33607 | | | 7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): 2816 Beach Blvd City: St Petersburg FL Zip Code: 33707 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$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 | PD HOPPE, LISA A 1311 N WESTSHORE BLVD., #205 TAMPA, FL 33607 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2816 Beach Blvd St. Petersburg, FL 33707 <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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| 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: <u>Lisa A. Hoppe</u> <u>Lisa A. Hoppe</u> <u>4/27/06</u> <u>727 327-7800</u> | | | | | |