FILED 2007 FOR PROFIT CORPORATION Apr 30, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P03000004310 1. Entity Name LISA A. HOPPE, P.A. Principal Place of Business Mailing Address 2816 BEACH BLVD 2816 BEACH BLVD SAINT PETERSBURG, FL 33707 SAINT PETERSBURG, FL 33707 No Chg-P CR2E034 (11/05) 04242007 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1170622 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOPPE, LISA A ESQ. DO NOT WRITE 2816 BEACH BLVD SAINT PETERSBURG, FL 33707 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, 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, 2007 Fee will be \$550.00

HOPPE, LISA A

62816 BEACH BLVD

SAINT PETERSBURG, FL 33707

PD

10.

TITI F NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-7/P

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000742496 05/15/07-80072-008 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 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 attachn th all other like empowered.

SIGNATURE

ME OF SIGNING OFFICER OR DIRECTOR

727 327-7800

Davlime Phone #