


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90355 030 ***150.00

DOCUMENT # P03000095469 1. Entity Name LYNDON F. CREAGER, JR., P.A.			
Principal Place of Business 2208 SPYGLASS HILL CIRCLE VALRICO, FL 33594		Mailing Address 2208 SPYGLASS HILL CIRCLE VALRICO, FL 33594	
2. Principal Place of Business 11916 Shadow Run Blvd Suite, Apt. #, etc.		3. Mailing Address 11916 Shadow Run Blvd Suite, Apt. #, etc.	
City & State Riverview FL 33569 Zip Country		City & State Riverview FL 33569 Zip Country	
4. FEI Number 51-0480802		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 LASMAN, JEFFREY M ESQ. 115 PROVIDENCE RD. BRANDON, FL 33511		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Lyndon F. Creager Jr.</u> Lyndon F. Creager Jr. 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <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	PVST CREAGER, LYNDON F JR. 2208 SPYGLASS HILL CIRCLE VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11916 Shadow Run Blvd Riverview FL 33569 <input checked="" 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 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 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>Lyndon F. Creager Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-25-05 813-684-0016 <small>Date Daytime Phone #</small>	

Lyndon F. Creager Jr.