

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015810

Entity Name: LAURIE MORGAN LEE, P.A.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

2407 CLEMSON ROAD
JACKSONVILLE, FL 32217

New Principal Place of Business:

4651 SALISBURY ROAD
SUITE 4001
JACKSONVILLE, FL 32256

Current Mailing Address:

2407 CLEMSON ROAD
JACKSONVILLE, FL 32217

New Mailing Address:

4651 SALISBURY ROAD
SUITE 4001
JACKSONVILLE, FL 32256

FEI Number: 20-0710984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, LAURIE M
2407 CLEMSON ROAD
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

LEE, LAURIE M
4651 SALISBURY ROAD
SUITE 4001
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: LAURIE M LEE

04/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, LAURIE M
Address: 2407 CLEMSON ROAD
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEE, LAURIE M
Address: 4651 SALISBURY ROAD, SUITE 4001
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE M. LEE

P

04/08/2008

Electronic Signature of Signing Officer or Director

Date