

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90138 006 ***150.00

DOCUMENT # P04000042021	
1. Entity Name LA FROMBOISE & ASSOCIATES, INC.	

Principal Place of Business 1919 BLANDING BLVD SUITE 8 JACKSONVILLE, FL 32205 US	Mailing Address 1919 BLANDING BLVD SUITE 8 JACKSONVILLE, FL 32205 US
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50046845



2. Principal Place of Business 1919 Blanding BLVD	3. Mailing Address 1919 Blanding BLVD
Suite, Apt. #, etc. Suite 8	Suite, Apt. #, etc. Suite 8
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32205	Country Dueval

04262005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0853208	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LA FROMBOISE, TIMOTHY N 1919 BLANDING BLVD SUITE 8 JACKSONVILLE, FL 32205	7. Name and Address of New Registered Agent Name: LaFromboise Timothy N Street Address (P.O. Box Number is Not Acceptable) 1919 BLANDING BLVD Suite 8 City Jacksonville FL Zip Code 32205
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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: 	DATE: 4-26-05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D LA FROMBOISE, TIMOTHY N 1919 BLANDING BLVD JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D LaFromboise Timothy N 1919 Blanding BLVD Jacksonville FL 32205 <input 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
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
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
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
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 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: 	DATE: 4-26-05	DAYTIME PHONE: 904-868-3944
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