


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90035 049 ***150.00

DOCUMENT # P04000108672 1. Entity Name LASHAWN M. NORDEN, P.A.																													
Principal Place of Business 921 ALAMEDA DR. LONGWOOD, FL 32750 US			Mailing Address 921 ALAMEDA DR. LONGWOOD, FL 32750 US																										
2. Principal Place of Business 5101 Filmore Place Suite, Apt. #, etc.		3. Mailing Address 5101 Filmore Place Suite, Apt. #, etc.																											
City & State Sanford, FL		City & State Sanford, FL		4. FEI Number 06-1688210																									
Zip 32773		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent NORDEN, LASHAWN M 921 ALAMEDA DR. LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5101 Filmore Place City Sanford FL Zip Code 32773																										
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PS</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NORDEN, LASHAWN M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>921 ALAMEDA DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD, FL 32750</td> <td></td> </tr> </table>			TITLE	PS	<input type="checkbox"/> Delete	NAME	NORDEN, LASHAWN M		STREET ADDRESS	921 ALAMEDA DR.		CITY-ST-ZIP	LONGWOOD, FL 32750		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lashawn Norden 1/13/06 321-377-0157