


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90094 030 ***150.00

DOCUMENT # P04000109338		
1. Entity Name ROBIN E. LANIGAN, PROFESSIONAL ASSOCIATION		

Principal Place of Business 3325 HENDRICKS AVE, STE C JACKSONVILLE, FL 32207	Mailing Address 3325 HENDRICKS AVE, STE C JACKSONVILLE, FL 32207
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2. Principal Place of Business - No P.O. Box # 10175 Fortune Parkway	3. Mailing Address 10175 Fortune Parkway
Suite, Apt. #, etc. # 206	Suite, Apt. #, etc. # 206

City & State Jacksonville FL	City & State Jacksonville FL
Zip 32256	Zip 32256
Country	Country

40010338

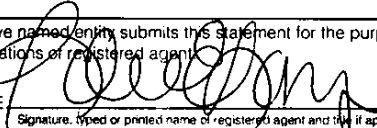


04202007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1306751	Applied For <input type="checkbox"/> Not Applicable
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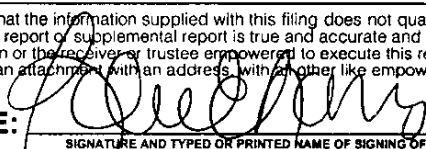
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANIGAN, ROBIN E 3325 HENDRICKS AVE. JACKSONVILLE, FL 32207	
7. Name and Address of New Registered Agent Name Robin E. Lanigan Street Address (P.O. Box Number is Not Acceptable) 10175 Fortune Parkway # 206 City Jacksonville FL Zip Code 32256	

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D LANIGAN, ROBIN E 3325 HENDRICKS AVE, STE C JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lanigan, Robin E. 10175 Fortune Parkway #206 Jacksonville FL 32256 <input checked="" 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
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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 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 attachment with an address, with another like empowered.	
SIGNATURE: 	DATE _____ Daytime Phone # _____