2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# P05000011140

Entity Name: MICHAEL LESSARD, INC

Current Principal Place of Business:

34 NE 8TH STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

34 NE 8TH STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-2196763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, ROBERT C
2838 SE 37TH ST
OCALA, FL 34471 US

Name and Address of New Registered Agent:

HARRELL, GREGORY C
7 EAST SILVER SPRINGS BLVD.
500
OCALA, FL 34470 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: GREGORY C. HARRELL 01/16/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LESSARD, MICHAEL P
Address: 4630 SW 181 CT
City-St-Zip: DUNNELLON, FL 34432

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: LESSARD, MICHAEL P
Address: 920 N.E. 42ND STREET
City-St-Zip: OCALA, FL 34479

Title: VP/D ( ) Change (X) Addition
Name: LESSARD, LISA H
Address: 920 N.E. 42ND STREET
City-St-Zip: OCALA, FL 34479

Title: ST/D ( ) Change (X) Addition
Name: BONNET, DEANNE M
Address: 622 N.E. 53RD STREET
City-St-Zip: OCALA, FL 34479

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: MICHAEL P. LESSARD P/D 01/16/2008
Electronic Signature of Signing Officer or Director Date