

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000011140

Entity Name: MICHAEL LESSARD, INC

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**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:**

HARRELL, GREGORY C  
7 E SILVER SPRINGS BLVD 500  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: LESSARD, MICHAEL P  
Address: 920 N.E. 42ND STREET  
City-St-Zip: Ocala, FL 34479

Title: VP/D  
Name: LESSARD, LISA H  
Address: 920 N.E. 42ND STREET  
City-St-Zip: Ocala, FL 34479

Title: ST/D  
Name: BONNET, DEANNE M  
Address: 622 N.E. 53RD STREET  
City-St-Zip: Ocala, FL 34479

I hereby 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 all other like empowered.

SIGNATURE: DEANNE BONNET

ST/D

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date