

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-23-2007 90052 029 ***150.00

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1. Entity Name
LEE ANN WARD, P.A.



Principal Place of Business
703 NORTH VENTURI AVE
CRYSTAL RIVER, FL 34429 US

Mailing Address
703 NORTH VENTURI AVE
CRYSTAL RIVER, FL 34429 US

40073796



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3093235

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, BRYSON W
703 NORTH VENTURI AVE
CRYSTAL RIVER, FL 34429

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME WARD, BRYSON W
STREET ADDRESS 703 NORTH VENTURI AVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE VPS
NAME WARD, LEE A
STREET ADDRESS 703 NORTH VENTURI AVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Bryson Ward

Bryson Ward, Pres, 4-19-07 (352)302-4346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #