2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 31, 2007 8:00 am Secretary of State

DOCUMENT # P06000037841 1. Entity Name NICHOLAS, LIPSCOMB & PATRICK, P.A.									08-16-20	007 90014	1 046 **	*150.00
Principal Place of Business				Mailing Address								
1906 N. TAMPA ST. TAMPA, FL 33602				1906 N. TAMPA ST. TAMPA, FL 33602				66021649				
2. Principal Pi	ace of Busin	ess - No P.O. B	lox # 3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite. Apt. #, etc.				1 44,441,14				HES 11 HB
								07122007	Chg-P	CR2E0:	34 (12/06)	
City & State				City & State				4. ESI Numb	45212	08		optied For or Applicable
Zip	Country			Zip Cour		itry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	ditional d
	6. Name	Current Regis	tered Agent	Name	7. Name and Address of New Registered Agent Name							
CAPITAL CONNECTION, INC.							ess (P	O. Box Numb	er is Not Acceptab	ie)		
417 E. VIRGINIA ST. TALLAHASSEE, FL 32301						Street Address (1.5. Sex No. 15 No. 1						
					City			•	FL	Zip Cod	le .	
8. The above	named entit	v submits this st	atement for the o	purpose of changing its	register	1	gistere	d agent, or bo	th, in the State of F			
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. 												
SIGNATURE Signature hyped or proced name of registered apers and title if applicable. (IADTE Rejectived Apers agricular (expend when revestang) DATE												
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Fir Trust Fund Contribution						naing	\$5.00 May Be Added to Fees In accordance with s. 607.193(: corporation did not receive the			193(2)(b), the prior	F.S., the notice.	
10.		OFFIC	ERS AND DIREC	CTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME	D PATRICK	, TIMOTHY A.	ESQ.	Delete ItiTLE		ľ					Change	Addition
STREET ADDRESS City+St-2ip		AMPA ST.			£1 ADDRESS -51-2IP							
TITLE NAME				☐ Deleta	TITL	- I					☐ Change	☐ Addition
STREET ADORESS City-St-Zip					ET ADDRESS S1-ZIP							
TITE	CIN Delete 11/1.								• • • • • • • • • • • • • • • • • • • •		Change	Addition
NAME Street address			NAM STRE	ET ADDITIESS								
CITY-SI-ZIP						ST-ZIP						
title . Name				Details	I HILL NAM	· i			-		Change	. Addition_
STREET ADDRESS CITY+ST-ZIP						FT ADDRESS -ST-ZIP						j
TIPE				☐ Delate	лц						Change	Addition
NAME STREET ADDRESS					NAM SZRE	E ET ADORESS						
CITY-ST-ZIP			<u> </u>			-ST - ZIP						
TITLE NAME				☐ Delete	TITLE						☐ Change	Addition
STREET ADDRESS	STRE					ET ADDRESS -ST-ZIP						
12. Thereby o	ertily that th	e information su	polied with this	ting does not qualify to			ained	in Chepter #19	, Florida Statules.	I further certif	ly that the in	nformation
12. Thereby certify that the information supplied with this fiting 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 truese at provented to be secure 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 any odd lists, with although like empowered.												
SIGNATURE: SOMMY THE AND THE DEPOND OF SIGNAR												