2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

DOCUMENT # P06000072726 1. Entity Name LENORA ROWE, P.A.										07 9004	6 046 ***]	150.00
Principal Place of Business Mailing Address												
303 WATER SHORE DRIVE 303 WATER SHORE DRIVE LEESBURG, FL 34748 LEESBURG, FL 34748						•		teadilate to	: 59(h 8 2m)	- 441 목당(이 (양흥)	i idis impre NEIG Ett	egi n işşi
2. Principal Pla	ace of Busin	3. Mailing A	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				03292007	Chg-P	CR2E	(12/06)	
City & State			City & St.	City & State				4. FEI Numb	-494	3515		plied For t Applicable
Zip		Country	Zip	Zip Cod		try		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						I		7. Name and	Address of New	Registered	l Agent	
SEWELL, STEPHEN G						Name		nora_		سو		
907 WEBSTER STREET LEESBURG, FL 34748						Street Ac	dress (P.O. Box Numb	er is Not Accepta	7×4		
						City		<u> </u>		F	Zip Code	41.0
8. The above named entity submits this statement for the purpose of changing its registered office or register								red agent, or bo	th, in the State of			and accept
the obligations of registered agent.												
SIGNATURE Spirite hybrid or privad name of registered agent and title of expectables. (NOTE: Registered Agent algreture recuting when retirestating) DATE												
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.												
10. OFFICERS AND DIRECTORS						E	PST		/CHANGES TO C	FFICERS A	ND DIRECTORS Change	Addition
NAME	ROWE, LENORA					u.		ne, Levoi	<u>L</u> A		Microsoft	Adducti
STREET ADDRESS 303 WATER SHORE DRIVE						EET ADORESS -ST-ZIP	P.C	s. Box 6	5	G 25	76. 00	
TITLE	LEESBURG, FL 34748					E	ما	ke flene	sott Kee,	FL 3	্ৰ টোজাট <u>প্ৰত্ৰু</u>	Addition
NASIE	□ 0€68					Æ [_ 0.0.4	
STREET ADDRESS CITY-ST-ZIP						eet adopess (-st-zip						
TITLE	□ Deizte					£					☐ Change	☐ Addition
NAME						4E		•				
STREET ADDRESS CITY-ST-ZIP						eet adoress Y-st-zip	ì					
Trice				☐ Delete	- TIT						☐ Change	Addition
NAME]				NA.	-					_ •	
STREET ADDRESS CITY-ST-ZIP						eet address 7-st-zip						
TITLE				☐ Delete	TITL						☐ Change	Addition
NAME					NW.							_
STREET ADDRESS						EET ADDRESS Y-S1-ZIP						
TITLE	 -			☐ Delete	TITI				··· ·		☐ Change	Addition
MALLE	}			C Veek	NA							O
STREET ADDRESS						EET AODRESS						
CITY-SI-ZIP	cestifu that t	the information currolled:	with this filling do	es not mushfy	or the e	Y-ST-ZIP recognitions of	ontaine	d in Chapter 11	9. Florida Statute	s Liurther o	eridy that the i	oformation
12. Thereby 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 information.												
Soll Soll soll soll soll soll soll soll												
SIGNAT	i urge: .	- LEWIS		E STRUME OFFICE	- 40 000	· ·	<u> </u>		-1-17			