

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110714

Entity Name: TRAYOR LESNOCK, PA

FILED  
Apr 15, 2008  
Secretary of State

**Current Principal Place of Business:**

435 N. ANDREWS AVE., SUITE 205  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

444 HENDRICKS ISLE  
203  
FORT LAUDERDALE, FL 33301 US

**Current Mailing Address:**

435 N. ANDREWS AVE., SUITE 205  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

444 HENDRICKS ISLE  
203  
FORT LAUDERDALE, FL 33301 US

FEI Number: 20-5459696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LESNOCK, TAYSHA  
5201 NE 14TH TERRACE  
# 203  
FORT LAUDERDALE, FL 33334 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 ( ) Delete  
Name: LESNOCK, TRAYOR R  
Address: 5201 NE 14TH TERRACE, # 203  
City-St-Zip: FORT LAUDERDALE, FL 33334 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TRAYOR LESNOCK

P

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date