## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000128449

City-St-Zip:

ALTAMONTE SPRINGS, FL 32714

FILED Mar 08, 2007 Secretary of State

Entity Name: LASHLEY, SELAND & ROTROFF, P.A. **Current Principal Place of Business: New Principal Place of Business:** 940 CENTRE CIRCLE STE 2005 ALTAMONTE SPRINGS, FL 32714 **Current Mailing Address: New Mailing Address:** 940 CENTRE CIRCLE STE 2005 ALTAMONTE SPRINGS, FL 32714 FEI Number: 41-2216162 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SELAND, KURT 940 CENTRE CIRCLE STE 2005 ALTAMONTE SPRINGS, FL 32714 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition

LASHLEY, D. GARY LASHLEY, D. GARY Name: Name: 940 CENTRE CIRCLE STE 2005 940 CENTRE CIRCLE STE 2005 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: DVPT Title: () Delete (X) Change ( ) Addition Name: SELAND, KURT Name: SELAND, KURT 940 CENTRE CIRCLE STE 2005 940 CENTRE CIRCLE STE 2005 Address: Address: ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip: (X) Change ( ) Addition Title: () Delete Title: DSVP ROTROFF, STEPHEN ROTROFF, STEPHEN Name: Name: 940 CENTRE CIRCLE STE 2005 940 CENTRE CIRCLE STE 2005 Address: Address: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: DVP () Delete Title: () Change () Addition ALBERT, KING Name: Name: Address: 940 CENTRE CIRCLE, SUITE 2005 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: STEPHEN ROTROFF DSVP 03/08/2007