## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000128449

Entity Name: LASHLEY, SELAND & ROTROFF, P.A.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

919 WEST STATE RD 436, SUITE 300 ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address: New Mailing Address:** 

919 WEST STATE RD 436, SUITE 300 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 SELAND, KURT

940 CENTRE CIRCLE STE 2005 919 WEST STATE ROAD 436 SUITE 300 ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714

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: 01/04/2008

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

Election Campaign Financing Trust Fund Contribution ( ).

ALTAMONTE SPRINGS, FL 32714

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ALTAMONTE SPRINGS, FL 32714

Title: () Delete Title: (X) Change ( ) Addition

LASHLEY, D. GARY LASHLEY, D. GARY Name: Name: 940 CENTRE CIRCLE STE 2005 919 WEST STATE ROAD 436 SUITE 300 Address: Address:

DVPT Title: DVPT Title: () Delete (X) Change ( ) Addition

SELAND, KURT Name: SELAND, KURT

Name:

940 CENTRE CIRCLE STE 2005 919 WEST STATE ROAD 436 SUITE 300 Address: Address: ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition DSVP () Delete DSVP

ROTROFF, STEPHEN ROTROFF, STEPHEN Name: Name:

940 CENTRE CIRCLE STE 2005 919 WEST STATE ROAD 436 SUITE 300 Address: Address: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip:

Title: DVP () Delete Title: DVP (X) Change ( ) Addition

ALBERT, KING ALBERT, KING Name: Name:

Address: 940 CENTRE CIRCLE, SUITE 2005 Address: 919 WEST STATE ROAD 436 SUITE 300 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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.

VΡ SIGNATURE: KURT SELAND 01/04/2008