



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90019 037 ***150.00

DOCUMENT # P93000005502 1. Entity Name LASHLEY GROUP, INC.																																																																																																																													
Principal Place of Business 919 SAN CARLOS AVE NE SAINT PETERSBURG, FL 33702 US				Mailing Address 919 SAN CARLOS AVE NE SAINT PETERSBURG, FL 33702 US																																																																																																																									
2. Principal Place of Business - No P.O. Box # 904 W. WATERS AVE		3. Mailing Address 904 W. WATERS AVE																																																																																																																											
Suite, Apt. #, etc. D		Suite, Apt. #, etc. D																																																																																																																											
City & State TAMPA, FL		City & State TAMPA, FL																																																																																																																											
Zip 33604		Country USA		4. FEI Number 59-3164391																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent LASHLEY, MARGARET 919 SAN CARLOS AVE NE SAINT PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Name LAWRENCE MAAS Street Address (P.O. Box Number is Not Acceptable) 904 W. WATERS AVE, Suite D City TAMPA FL Zip Code 33604																																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE <i>Lawrence Maas</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2-26-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">P. <input type="checkbox"/> Delete</td> <td style="width: 33%;">TITLE</td> <td colspan="3" style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LASHLEY, MARGARET</td> <td>NAME</td> <td colspan="3" rowspan="3">904 W. WATERS AVE, Suite D TAMPA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>222 14TH AVE N</td> <td>STREET ADDRESS</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG, FL 33701</td> <td>CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P. <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	LASHLEY, MARGARET	NAME	904 W. WATERS AVE, Suite D TAMPA			STREET ADDRESS	222 14TH AVE N	STREET ADDRESS	CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																										
TITLE	P. <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																										
NAME	LASHLEY, MARGARET	NAME	904 W. WATERS AVE, Suite D TAMPA																																																																																																																										
STREET ADDRESS	222 14TH AVE N	STREET ADDRESS																																																																																																																											
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP																																																																																																																											
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																										
NAME		NAME																																																																																																																											
STREET ADDRESS		STREET ADDRESS																																																																																																																											
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																																											
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																										
NAME		NAME																																																																																																																											
STREET ADDRESS		STREET ADDRESS																																																																																																																											
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																																											
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																										
NAME		NAME																																																																																																																											
STREET ADDRESS		STREET ADDRESS																																																																																																																											
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																																											
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																										
NAME		NAME																																																																																																																											
STREET ADDRESS		STREET ADDRESS																																																																																																																											
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																																											
12. I hereby 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 address, with all other like empowered.																																																																																																																													
SIGNATURE: <i>Margaret Lashley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 2-26-08 813-932-8907 X24 <small>Date Daytime Phone #</small>																																																																																																																									