

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 10, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P93000025881</b>	
1. Entity Name <b>MICHAEL F. LANHAM, P.A.</b>	
Principal Place of Business <b>19 W FLAGLER ST STE 1102 MIAMI, FL 33130 US</b>	Mailing Address <b>19 W FLAGLER ST STE 1102 MIAMI, FL 33130 US</b>



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0401416</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LANHAM, MICHAEL F 19 W FLAGLER ST STE 1102 MIAMI, FL 33130</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000223309  
02/10/05-80038-023 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANHAM, MICHAEL F 19 W. FLAGLER ST., #1102 MIAMI, FL</b>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** **Michael Lanham** **2/8/05** **305-358-7646**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #