

2005 FOR PROFIT CORPORATIO ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P93000040834 | |
| 1. Entity Name A. LIGHTFOOT & ASSOCIATES, INC. | |



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| Principal Place of Business 1847 SW 1ST AVE OCALA, FL 34474 | Mailing Address 1847 SW 1ST AVE OCALA, FL 34474 |
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04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0413060 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LIGHTFOOT, ALENE P 6230 SE 96TH PL RD BELLEVIEW, FL 34420 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LIGHTFOOT, ALENE P 6230 SE 96TH PL RD BELLEVIEW, FL 34420 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LIGHTFOOT, ROBERT E 6230 SE 96TH PL RD BELLEVIEW, FL 34420 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIGHTFOOT-WATTS, LEIGH ANN 5355 SE 44TH CIR OCALA, FL 34480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>000000308281 04/16/05-80030-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: Aleene P Lightfoot 04/14/05 3526294418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #