

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 A
Secretary of State

DOCUMENT# P93000040834

1. Entity Name

A. LIGHTFOOT & ASSOCIATES, INC.



Principal Place of Business

1847 SW 1ST AVE
OCALA, FL 34474

Mailing Address

1847 SW 1ST AVE
OCALA, FL 34474



02022006

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0413060

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIGHTFOOT, ALENE P
6230 SE 96TH PL RD
BELLEVIEW, FL 34420

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIGHTFOOT, ALENE P
STREET ADDRESS	6230 SE 96TH PL RD
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	V
NAME	LIGHTFOOT, ROBERT E
STREET ADDRESS	6230 SE 96TH PL RD
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	D
NAME	LIGHTFOOT-WATTS, LEIGH ANN
STREET ADDRESS	5355 SE 44TH CIR
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aleane P. Lightfoot Aleane P. Lightfoot 2-28-06 (352) 629-4418