
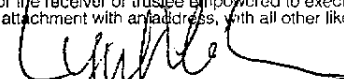


FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000043161						Secretary of State	
1. Entity Name LYNNE WALDER, P.A.							
Principal Place of Business 777 S HARBOUR ISLAND BLVD STE #128 TAMPA, FL 33602 US		Mailing Address 777 S HARBOUR ISLAND BLVD STE #128 TAMPA, FL 33602 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005 Chg-P CR2E034 (10/03)			
City & State		City & State		4. FEI Number 59-3248676		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDER, LYNNE 777 S HARBOUR ISLAND BLVD STE # 128 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WALDER, LYNNE PRES 777 S HARBOUR ISLAND BLVD TAMPA, FL 33602 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000178576 01/12/05-80033-019 150.00		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				LYNNE WALDER, PRES 1-8-05 813-221-2121			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: _____ Daytime Phone: _____			