

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011177

FILED
Feb 23, 2005
Secretary of State

Entity Name: LISA SCHIAVONI & ASSOCIATES, INC.

Current Principal Place of Business:

7109 NW 11TH PLACE
SUITE B
GAINESVILLE, FL 32605

New Principal Place of Business:

11 NW 33RD CT.
GAINESVILLE, FL 32607

Current Mailing Address:

7109 NW 11TH PLACE
SUITE B
GAINESVILLE, FL 32605

New Mailing Address:

111 NW 33RD CT.
GAINESVILLE, FL 32607

FEI Number: 59-3421510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIAVONI, LISA
7109 NW 11TH PLACE
SUITE B
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

SCHIAVONI, LISA
11 NW 33RD CT.
GAINESVILLE, FL 32607 US

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.

SIGNATURE:

02/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHIAVONI, LISA
Address: 7109 NW 11TH PLACE, SUITE B
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHIAVONI, LISA
Address: 11 NW 33RD CT.
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA SCHIAVONI

P

02/23/2005

Electronic Signature of Signing Officer or Director

Date