2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000019488

FLORIDA TRUST CONSULTANTS OF LAKE COUNTY,



FILED Apr 25, 2007 08:00 A Secretary of State

Principal Place of Business

27405 US HWY 27

STE 113

LEESBURG, FL 34748

Mailing Address

27405 US HWY 27

STE 113

LEESBURG, FL 34748-7914



01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3431749 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, EDWARD L 3R 27405 US HWY 27 SUITE 113 LEESBURG, FL 34748-7914				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. 1 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 13 \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing — - \$5:00 May Be Trust Fund Contribution.				
10.	OFFICERS AND DIREC	TORS			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	D MANN, EDWARD L JR 27405 US HWY 27-STE 113 LEESBURG, FL 347487914 S MANN, BARBARA J 27405 US HWY 27 STE 113 LEESBURG, FL 347487914			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000731564 05/09/07-80011-004 150.00	
TITLE NAME STREET ADDRESS					3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	

12. I hereby certify that the information supplied with this filling 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 thue 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP