


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000023147 1. Entity Name LEE S. ELMORE, P.A.														
Principal Place of Business 2358 RIVERSIDE AVE SUITE 802 JACKSONVILLE, FL 32204 US	Mailing Address 2358 RIVERSIDE AVE SUITE 802 JACKSONVILLE, FL 32204 US													
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent ELMORE, LEE S 1650 BEACH AVE #1 ATLANTIC BEACH, FL 32233		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>														
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.												
10. OFFICERS AND DIRECTORS														
<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>PSTD ELMORE, LEE S 1650 BEACH AVE #1 ATLANTIC BEACH, FL 32233</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ELMORE, LEE S 1650 BEACH AVE #1 ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		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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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: <u>Lee S. Elmore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>July 10, 2007</u> <small>Date Daytime Phone #</small>														



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3433123	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**