2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 08:00 All Secretary of State **DOCUMENT # P97000093981** 1. Entity Name LYNNE K. KEMP, P.A. Principal Place of Business Mailing Address 964 SUMMERFIELD DR 964 SUMMERFIELD DR NAPLES, FL 34120-1415 NAPLES, FL 34120-1415 03112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3474799 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KEMP, LYNNE K 964 SUMMERFIELD DR NAPLES, FL 34120-1415 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 SIGNATURE (NOTE: Registered Agent algneture required when reinstating) - U00008888482 04/22/08-80014-016 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PO TITLE NAME KEMP, LYNNE K STREET ADDRESS 964 SUMMERFIELD DR CITY-ST-ZIP NAPLES, FL 34120 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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changed, or on an attachment with an address, with all other like empowered

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