

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90095 005 ***150.00

DOCUMENT # P98000035587

1. Entity Name

GAIL E. LAMPERT, P.A.



Principal Place of Business

200 S OCEAN SHORE BLVD
FLAGLER BEACH FL 32136

Mailing Address

200 S OCEAN SHORE BLVD
FLAGLER BEACH FL 32136



2. Principal Place of Business - No P.O.-Box #

109 So. 6th St
Suite, Apt. #, etc.
101

3. Mailing Address

109 So. 6th St.
Suite, Apt. #, etc.
101

1st MOORE

CR2E034 (10/06)

City & State

SAME AS ABOVE

City & State

SAME AS ABOVE

4. FEI Number

59-3506398

Applied For

Not Applicable

Zip

"

Country

"

Zip

"

Country

"

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LAMPERT, GAIL E
802 OCEAN MARINA DRIVE
FLAGLER BEACH FL 32136

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME LAMPERT, GAIL E
STREET ADDRESS 802 OCEAN MARINA DRIVE
CITY ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY ST-ZIP

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TITLE ☐ Delete
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CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Section 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:

Gail E. Lampert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/07

Date

386-439-0190

Daytime Phone #