## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # P98000036449** 1. Entity Name LINDSAY E. RABITO, P.A. Principal Place of Business Mailing Address 297 N ANGLERS DR 297 N ANGLERS DR MARATHON, FL 33050 MARATHON, FL 33050 03222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0836243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RABITO, LINDSAY E DO NOT WRITE 297 NORTH ANGLERS DRIVE MARATHON, FL 33050 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 1Ö. OFFICERS AND DIRECTORS TITLE n RABITO, LINDSAY E NAME STREET ADDRESS 297 NORTH ANGLERS DRIVE CITY-ST-ZIP MARATHON, FL 33050 TITLE NAME STREET ADDRESS U00000686338 CITY-ST-ZIP 04/09/07-80041-020 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DISPITOR

E. RABITO

Jac/07 (305)481-1457

**FILED**