

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P98000055005		
1. Fable Name LPG URBAN AND REGIONAL PLANNERS, INC.		

Principal Place of Business 1162 CAMP AVE MT. DORA, FL 32757 US	Mailing Address 1162 CAMP AVE MT. DORA, FL 32757 US
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FET Number 59-3384511	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.	

6. Name and Address of Current Registered Agent SUMMERS, GARY L ESQ. 380 W. ALFRED ST. TAVARES, FL 32778-3298	
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DO NOT WRITE
IN THIS SPACE

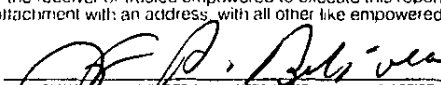
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature of person or persons authorized to register agent and file of applicable (R/O) Designated Agent signature required when on order entry	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS															
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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: 	2/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	