

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073760

Entity Name: NANCY LEHMAN, P.A.

FILED
Mar 13, 2005
Secretary of State

Current Principal Place of Business:

224 DATURA ST
SUITE 1416
WEST PALM BEACH, FL 33401

New Principal Place of Business:

7587 QUIDA DR.
WEST PALM BEACH, FL 33411

Current Mailing Address:

224 DATURA ST
SUITE 1416
WEST PALM BEACH, FL 33401

New Mailing Address:

7587 QUIDA DR.
WEST PALM BEACH, FL 33411

FEI Number: 65-0860267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMAN, TERRY R
7587 QUIDA DRIVE
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEHMAN, NANCY
Address: 7587 QUIDA DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ST () Delete
Name: LEHMAN, TERRY R
Address: 7587 QUIDA DR
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY LEHMAN

PD

03/13/2005

Electronic Signature of Signing Officer or Director

Date