

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000066617**

1. Entity Name  
LPA, INC.



Principal Place of Business

2605 SW 33RD ST  
BLDG #200  
OCALA, FL 34474

Mailing Address

P O BOX 2495  
OCALA, FL 34478-2495



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3588351

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK, KENNETH B  
2605 SW 33RD ST  
BLDG #200  
OCALA, FL 34474

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000825494  
02/21/08-80011-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KIRKPATRICK, KENNETH B  
STREET ADDRESS 2605 SW 33RD ST BLDG #200  
CITY-ST-ZIP Ocala, FL 34474

TITLE VD  
NAME KIRKPATRICK, SUZANNE R  
STREET ADDRESS 307 SE 21 TERR  
CITY-ST-ZIP Ocala, FL 34471

TITLE D  
NAME KIRKPATRICK, JOHN W  
STREET ADDRESS 2605 SW 33RD ST BLDG #200  
CITY-ST-ZIP Ocala, FL 34474

TITLE D  
NAME DAY, JAMES E  
STREET ADDRESS 1320 SE 25 LOOP  
CITY-ST-ZIP Ocala, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Kirkpatrick

2/4/08 352/482-0777

Date

Daytime Phone #