

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000108609

1. Entity Name
 LYNNE C. SHEPPARD, AP, DIPL. AC., P.A.



Principal Place of Business
 5743 SE ROBINSON RD
 BELLEVUE, FL 34420

Mailing Address
 5743 SE ROBINSON RD
 BELLEVUE, FL 34420



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3619945** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPPARD, LYNNE C
 5743 SE ROBINSON RD
 BELLEVUE, FL 34420

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

10. OFFICERS AND DIRECTORS

TITLE: PST
 NAME: SHEPPARD, LYNNE C
 STREET ADDRESS: 5743 SE ROBINSON RD
 CITY-ST-ZIP: BELLEVUE, FL 34420

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 05/04/06-80045-002 150.00

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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 807, 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: Lynne C. Sheppard AP 352-307-7922
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lynne C. Sheppard, AP President/Owner Daytime Phone #