

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S10137

**FILED  
Jan 05, 2007  
Secretary of State**

**Entity Name:** LORI TYLER, P.A.

**Current Principal Place of Business:**

105 S. RIVERSIDE DR.  
SUITE 100  
INDIALANTIC, FL 32903 US

**New Principal Place of Business:**

**Current Mailing Address:**

105 S. RIVERSIDE DR., STE. 100  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBY, DAVID H. ESQ  
5205 BABCOCK ST NE  
STE 6  
PALM BAY, FL 32905 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:                      D                      ( ) Delete  
Name: TYLER, LORI,  
Address: 241 3RD. AVE  
City-St-Zip: INDIALANTIC, FL 32903 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: LORI TYLER

LMHC

01/05/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date