


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90017 030 ***150.00

DOCUMENT # V28548	
1. Entity Name LONDONTOWN PARTNERS, INC.	

Principal Place of Business 250 JOHN KNOX RD SUITE 6 TALLAHASSEE, FL 32303	Mailing Address 250 JOHN KNOX RD SUITE 6 TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3121145	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 37301
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DREW, J. EVERITT 250 JOHN KNOX RD., SUITE 6 TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DREW, MITCHELL N. JR. 250 JOHN KNOX RD., SUITE 6 TALLAHASSEE, FL 32303
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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: Mitchell N Drew Jr 02/14/08 850-385-8140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #