



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 600794</b>					
<b>1. Entity Name</b> CARLTON FIELDS, P.A.					
<b>Principal Place of Business</b> CORPORATE CENTER THREE AT INTERNATIONAL PLAZA 4221 WEST BOY SCOUT BLVD TAMPA, FL 33607			<b>Mailing Address</b> PO BOX 3239 TAMPA, FL 33601-3239		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1233896	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CFRA, LLC CORPORATE CENTER THREE AT INTERNATIONAL 4221 W. BOY SCOUT BOULEVARD, 10TH FLOOR TAMPA, FL 33607-5736			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SASSO, GARY L 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 336075736 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REID, BENJAMINE H 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 336075736 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000 INTERNATIONAL PLACE 100 SE SECOND STREET MIAMI, FL 33131-2114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEONARD, HYWEL 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 336075736 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SCHWENKE, ROGER D 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 336075736 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400095166144 03/28/07--01038--016 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENMON, RICHARD A 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 336075736 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LESTER, EDGEL C JR. 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 336075736 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 		HYWEL LEONARD		March 19, 2007 813.223.7000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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