

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49812

FILED
Jul 05, 2007
Secretary of State

Entity Name: BUSH ROSS, P.A.

Current Principal Place of Business:

220 S FRANKLIN ST.
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3913
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-2753805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIORDANO, JOHN N
220 S FRANKLIN ST.
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SAVITZ, EDWARD O
Address: 220 SOUTH FRANKLIN
City-St-Zip: TAMPA, FL 33602

Title: VP () Delete
Name: GIORDANO, JOHN N
Address: 220 SOUTH FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: VP (X) Delete
Name: STERNS, RANDY K
Address: 220 SOUTH FRANKLIN ST
City-St-Zip: TAMPA, FL 33062

Title: VP (X) Delete
Name: WILLIAMS, DAVID B
Address: 220 S. FRANKLIN ST.
City-St-Zip: TAMPA, FL 33602

Title: VP (X) Delete
Name: STAGGS, BRADLEY H
Address: 220 SOUTH FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: VP (X) Delete
Name: BANKER, DAVID C
Address: 220 S. FRANKLIN ST.
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: SAVITZ, EDWARD O
Address: 220 SOUTH FRANKLIN
City-St-Zip: TAMPA, FL 33602

Title: VPD (X) Change () Addition
Name: GIORDANO, JOHN N
Address: 220 SOUTH FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN N. GIORDANO

VP

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date