2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# P02000008912

Entity Name: SHANKMAN, LEONE & WESTERMAN, P.A.

Current Principal Place of Business:

215 W VERNE STREET
A
TAMPA, FL 33606

New Principal Place of Business:

609 E JACKSON STREET
100
TAMPA, FL 33602

Current Mailing Address:

215 W VERNE STREET
A
TAMPA, FL 33606

New Mailing Address:

609 E JACKSON STREET
100
TAMPA, FL 33602

FEI Number: 90-0003520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONE, DENNIS ESQ
215 W VERNE STREET
STE. A
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

LEONE, DENNIS ESQ
609 E JACKSON STREET
SUITE 100
TAMPA, FL 33602 US

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: DENNIS LEONE 03/24/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHANKMAN, DAVID
Address: 215 W VERNE STREET
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete
Name: LEONE, DENNIS D
Address: 215 W. VERNE STREET, SUITE A
City-St-Zip: TAMPA, FL 336062320 US

Title: T ( ) Delete
Name: WESTERMAN, MATTHEW D
Address: 215 W. VERNE STREET, SUITE A
City-St-Zip: TAMPA, FL 336062320 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHANKMAN, DAVID
Address: 609 E JACKSON STREET, STE 100
City-St-Zip: TAMPA, FL 33602

Title: VP (X) Change ( ) Addition
Name: LEONE, DENNIS D
Address: 609 E JACKSON STREET, STE 100
City-St-Zip: TAMPA, FL 33602 US

Title: T (X) Change ( ) Addition
Name: WESTERMAN, MATTHEW D
Address: 609 E JACKSON STREET, STE 100
City-St-Zip: TAMPA, FL 33602 US

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: DAVID S. SHANKMAN P 03/24/2008
Electronic Signature of Signing Officer or Director Date