
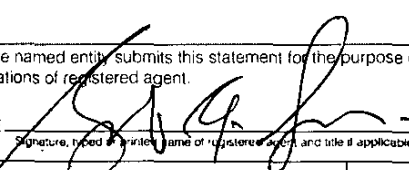
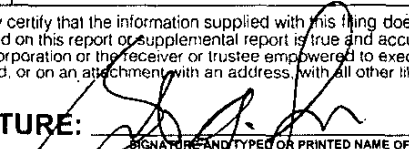


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90016 013 ***150.00

DOCUMENT # P04000079312			
1. Entity Name 1611 PLATT STREET PARTNERS, INC.			
Principal Place of Business 1611 WEST PLATT ST TAMPA, FL 33606		Mailing Address 1611 WEST PLATT ST TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 8381 Gunn Highway		3. Mailing Address 8381 Gunn Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33626	Country USA	Zip 33626	Country USA
6. Name and Address of Current Registered Agent FREEMON, BOB G 1611 WEST PLATT STREET TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Bob G. Freeman Street Address (P.O. Box Number is Not Acceptable) 8381 Gunn Highway City Tampa FL Zip Code 33626	
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 		DATE 1/28/08	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME FREEDOM, BOB STREET ADDRESS 1611 WEST PLATT STREET CITY-ST-ZIP TAMPA, FL 33606	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Bob Freeman STREET ADDRESS 8381 Gunn Highway CITY-ST-ZIP Tampa, Florida 33626
TITLE V	<input checked="" type="checkbox"/> Delete NAME FREEMON, BOB STREET ADDRESS 1611 WEST PLATT STREET CITY-ST-ZIP TAMPA, FL 33606	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ST	<input type="checkbox"/> Delete NAME FREEMON, SUSAN H STREET ADDRESS 1611 WEST PLATT STREET CITY-ST-ZIP TAMPA, FL 33606	TITLE Secretary-Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Susan Freeman STREET ADDRESS 8381 Gunn Highway CITY-ST-ZIP Tampa, Florida 33626
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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: 		DATE 1/28/08 (813)926-0777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	