

2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2007-90057-001-\$300.00-\$150.00

DOCUMENT # P06000119154		
1. Entity Name CHRISTMAS & SPANO, P.A.		

Principal Place of Business 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309	Mailing Address 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

07 OCT 10 AM 11:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

66021890



07262007 Chg-P CR2E034 (12/06)

4. FEI Number 87-0782996	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHRISTMAN, STUART A 284 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 transferring)

DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees ☐ In accordance with s. 607.193(2)(b), F.S.: the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD CHRISTMAS, STUART A 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD SPANOS, V. ROSS 9350 BAY PLAZA BLVD., STE 120-03 TAMPA, FL 33619 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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 lines empowered.

SIGNATURE:  **9/15/07 (850) 386-1234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone