

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

03-31-2008 90032 026 ***150.00

DOCUMENT # S03037 1. Entity Name MORGENSTERN, PHIFER & MESSINA, P.A., CERTIFIED PUBLIC ACCOUNTANTS	
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Principal Place of Business 101 EAST KENNEDY BLVD. 1480 TAMPA, FL 33602	Mailing Address 101 EAST KENNEDY BLVD. 1480 TAMPA, FL 33602
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66007229



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3029972	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MORGENSTERN, LLOYD J
101 EAST KENNEDY BLVD.
1480
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORGENSTERN, LLOYD J 101 E. KENNEDY BLVD #1480 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHIFER, STEPHEN C 101 E. KENNEDY BLVD #1480 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MESSINA, MICHAEL P 101 E. KENNEDY BLVD #1480 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Stephen C. Phifer **STEPHEN C. PHIFER** 4/16/08 **813-222-8888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #