

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87650

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: WILLIAMS SCHIFINO MANGIONE & STEADY P.A.

## Current Principal Place of Business:

ONE TAMPA CITY CENTER  
STE 3200  
TAMPA, FL 33602 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 380  
TAMPA, FL 33601 US

## New Mailing Address:

FEI Number: 59-3089038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHIFINO WILLIAM J JR  
ONE TAMPA CITY CENTER  
SUITE 3200  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STEADY, SCOTT I  
Address: 3006 SOUTH SCHILLER STREET  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: SCHIFINO, WILLIAM J.,  
Address: 2408 S. DUNDEE ST.  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: WILLIAMS, ROBERT V.  
Address: 16201 SIERRA DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: MANGIONE, RALPH P.  
Address: 5107 W. LONGFELLOW AVENUE  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: AGLIANO, JOHN J.  
Address: 3418 SOUTH BELCHER DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: COHEN, V. STEPHEN  
Address: 4936 WEST BAY WAY DRIVE  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: WILLIAM J. SCHIFINO, JR.

D

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date