

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87650

FILED
Feb 19, 2010
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
Name: STEADY, SCOTT I
Address: 3006 SOUTH SCHILLER STREET
City-St-Zip: TAMPA, FL 33629

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM J. SCHIFINO, JR.

D

02/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date