2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000099587

1. Entity Name
BIANCO & MANSFIELD, P.A.

Principal Place of Business	Mailing Address
8300 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653	8300 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653

02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3418521
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANSFIELD, DECLAN P
8300 MASSACHUSETTS AVENUE
NEW PORT RICHEY, FL 34653

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	BIANCO, FRANK P
STREET ADDRESS	8300 MASSACHUSETTS AVENUE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	MANSFIELD, DECLAN P
STREET ADDRESS	8300 MASSACHUSETTS AVENUE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/08-80006-022 150.00

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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: ✓ Declan P. Mansfield, Declan P Mansfield, V.P. ✓ 2/22/08 ✓ 727-843-0097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #