

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 524647

FILED
Apr 28, 2008
Secretary of State

Entity Name: E. W. SIVER AND ASSOCIATES, INC.

Current Principal Place of Business:

9400 FOURTH ST. N.
#119
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

9400 FOURTH ST. N.
#119
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 59-1712226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICKSON, GEORGE W
9400 4TH ST N
119
ST PETERSBURG, FL 33702 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: PD () Delete
Name: MARSHALL, JAMES JR
Address: 9400 4TH ST N
City-St-Zip: ST PETERSBURG, FL

Title: D (X) Delete
Name: SIVER, ROBERT I
Address: 114 GIRALDA BLVD. N.E.
City-St-Zip: ST PETERSBURG, FL

Title: VTSD () Delete
Name: ERICKSON, GEORGE W
Address: 9400- 4TH STREET NORTH #119
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: V () Delete
Name: GORDON, KATHLEEN
Address: 9400 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

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:

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: GEORGE W. ERICKSON

VTSD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date