


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State


DOCUMENT # 149440
 1. Entity Name
ATTMORE-MENCH, INC.



Principal Place of Business
**2310 STATE STREET
 TAMPA, FL 33609**

Mailing Address
**P.O. BOX 4733
 TAMPA, FL 33677**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0697538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ATTMORE, WILLIAM R.
 5802 GORDON ROAD
 TAMPA, FL 33611**

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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	P ATTMORE, WILLIAM R. 5802 GORDON ROAD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATTMORE, WILLIAM R. 5802 GORDON RD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ATTMORE WILLIAM R. 5802 GORDON RD. TAMPA, FL
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 01/16/08-80039-023-150400

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: *William R. Attmore* **William R. Attmore** **1-12-08** **813-251-1211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #