2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 471925

W. BRADLEY MUNROE, P.A.



FILED Apr 09, 2008 08:00 Al Secretary of State

Principal Place of Business

239 E VIRGINIA ST TALLAHASSEE, FL 32301 Mailing Address

239 E VIRGINIA ST

TALLAHASSEE, FL 32301



04042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1579917 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY 239 E VIRGINIA ST TALLAHASSEE, FL 32301

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees			000000888176 04/22/08-80901-020 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNROE, W. BRADLEY 239 E. VIRGINIA STREET TALLAHASSEE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, "				
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO	NOT WRITE
TITLE NAME STREET AODRESS CITY-ST-ZIP			IN THIS SPACE		
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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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/08

(850) 222-7731

Daytime Phone #