## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 555287**

1. Entity Name

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, A PROFESSIONAL ASSOCIATION



Principal Place of Business

BANK OF AMERICA PLAZA 101 E. KENNEDY BLVD., STE. 2190

TAMPA, FL 33602

Mailing Address

101 E KENNEDY BLVD STE 2190

TAMPA, FL 33602

FILED Feb 04, 2008 08:00 AN Secretary of State



## DO NOT WRITE IN THIS SPACE

01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1781176

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHATLEY, JACQUELINE B. BANK OF AMERICA PLAZA 101 E KENNEDY BLVD TAMPA, FL 33602

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	ove named entity submits this statement for the p ligations of registered agent.	urpose of changing its registered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accep			
SIGNATURE							
	FILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	000000815032 02/13/08-80068-004 150.00			
10.	OFFICERS AND DIREC	TORS 第一点報告		· · · · · · · · · · · · · · · · · · ·			
TITLE	PTD						

## WHATLEY, JACQUELINE B. 101 E KENNEDY BLVD STE 2190 STREET ADDRESS CiTY - ST-7IP TAMPA, FL 33602 TITLE STEIN, RICHARD N. NAME STREET ADDRESS 101 E KENNEDY BLVD STE 2190 CITY-ST-ZIP TAMPA, FL 33602 TITLE WHATLEY,, JACQUELINE B NAME STREET ADDRESS 101 E KENNEDY BLVD STE 2190 CiTY-ST-7IP TAMPA, FL 33602 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP

DO NOT WRITE IN THIS SPACE

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 eath; 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:

SHATURELAND A VPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR.

1-31-08 813-278-7

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