


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 570078		
1. Entity Name STRAWN, MARSHALL, CUNNINGHAM, CONDON & SWEAT, P.A.		
Principal Place of Business 100 2ND AVE.N. STE.320 ST PETERSBURG, FL 33701	Mailing Address 100 2ND AVE.N. STE.320 ST PETERSBURG, FL 33701	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CUNNINGHAM, MONICA L. 100 2ND AVE.N. STE.320 ST PETERSBURG, FL 33701		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SWEAT, GARY R 100 2ND AVE NO STE 320 ST PETERSBURG, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CONDON, KATHLEEN M 100 2ND AVE.N. STE.320 ST PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP CUNNINGHAM, MONICA L 100 2ND AVE NO STE 320 ST PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSHALL, JOHN CHARLES 100 2ND AVE.N. STE.320 ST PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Monica L Cunningham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>1/9/07</i> <i>727-823-6500</i> <small>Date Daytime Phone #</small>



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1841202	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

1100000583742
01/12/07-80008-017 150.00