

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90212 021 ***150.00

DOCUMENT # 600293

1. Entity Name
STERN, DRAKE, ISBELL & ASSOCIATES, P.A.



Principal Place of Business
**4516 N. ARMENIA AVE.
TAMPA, FL 33603 US**

Mailing Address
**4516 N. ARMENIA AVE.
TAMPA, FL 33603 US**

00001000



01082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1202496

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNGER, JEFF A
4516 N. ARMENIA AVE
TAMPA, FL 33603**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 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	VPD RASMUSSEN, JOHN F 4516 W. ARMENIA AVE. TAMPA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHAW, MICHAEL 4516 N. ARMENIA AVE. TAMPA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ENGLEMAN, ELAINE D 4516 N. ARMENIA AVE. TAMPA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, STEVEN 4516 W. ARMENIA AVE. TAMPA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BABIN, DAVID R 4516 N ARMENIA AVE TAMPA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERLET, MATTHEW H 4516 N ARMENIA AVE. TAMPA, FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Glenn Stamba 4516 N. Armenia Ave. Tampa, FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kelly VanEpps 4516 N. Armenia Ave. Tampa, FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Fray Woeste 4516 N. Armenia Ave. Tampa, FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07

(813) 348-6955

Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 600293

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60001306

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\$5.00 May Be
Added to Fees

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TITLE VPD ☐ Delete
NAME RASMUSSEN, JOHN F
STREET ADDRESS 4516 W. ARMENIA AVE.
CITY-ST-ZIP TAMPA, FL

TITLE VPD ☐ Delete
NAME SHAW, MICHAEL
STREET ADDRESS 4516 N. ARMENIA AVE.
CITY-ST-ZIP TAMPA, FL

TITLE VPD ☐ Delete
NAME ENGLEMAN, ELAINE D
STREET ADDRESS 4516 N. ARMENIA AVE.
CITY-ST-ZIP TAMPA, FL

TITLE VD ☐ Delete
NAME KENNEDY, STEVEN
STREET ADDRESS 4516 W. ARMENIA AVE.
CITY-ST-ZIP TAMPA, FL

TITLE VPD ☐ Delete
NAME BABIN, DAVID R
STREET ADDRESS 4516 N ARMENIA AVE
CITY-ST-ZIP TAMPA, FL

TITLE VPD ☐ Delete
NAME BERLET, MATTHEW H
STREET ADDRESS 4516 N ARMENIA AVE.
CITY-ST-ZIP TAMPA, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Change ☒ Addition
NAME Timothy A. Bonsack
STREET ADDRESS 4516 N. Armenia Ave.
CITY-ST-ZIP Tampa, FL 33603

TITLE VPD ☐ Change ☒ Addition
NAME Sion W. Carter
STREET ADDRESS 4516 N. Armenia Ave.
CITY-ST-ZIP Tampa, FL 33603

TITLE VPD ☐ Change ☒ Addition
NAME James S. Hanner
STREET ADDRESS 4516 N. Armenia Ave.
CITY-ST-ZIP Tampa, FL 33603

TITLE Pres. ☐ Change ☒ Addition
NAME Steven M. Mandel
STREET ADDRESS 4516 N. Armenia Ave.
CITY-ST-ZIP Tampa, FL 33603

TITLE VPD ☐ Change ☒ Addition
NAME George P. Shaugnessy
STREET ADDRESS 4516 N. Armenia Ave.
CITY-ST-ZIP Tampa, FL 33603

TITLE VPD ☐ Change ☒ Addition
NAME Gary M. Smith
STREET ADDRESS 4516 N. Armenia Ave.
CITY-ST-ZIP Tampa, FL 33603

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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