


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90007 010 ***158.75

DOCUMENT # 601830 1. Entity Name FOWLER WHITE BOGGS BANKER P.A.					
Principal Place of Business 501 EAST KENNEDY BLVD. STE 1700 TAMPA, FL 33602			Mailing Address 501 EAST KENNEDY BLVD. STE 1700 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1280172	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent COX, DONALD W 501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33602				7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STIPANOVICH, JOHN M 1960 CHATSWORTH WAY TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 GULF SHORE BLVD UNIT # 423 DESTIN FL 32541	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD ROBINSON, JOHN W IV 3005 CHAPIN AVENUE TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D COLEMAN, CARL JOSEPH 4807 CAPSTAN COURT FT. MYERS FL 33919	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BOGGS, E. JACKSON 3105 W. PROSPECT ROAD TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDM LAW, RHEA F 5102 POE AVENUE TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMMANUEL, JOHN D 44 LADEGA AVENUE TAMPA, FL 33606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14 LADOGA AVENUE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, JOSEPH K 1204 CULBREATH ISLES DR TAMPA, FL 33629 <input type="checkbox"/> Delete		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			Date: 2/21/07 Daytime Phone #: 813-228-7411		

Rhea F. Law, President and CEO