


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 011 ***150.00

DOCUMENT # 602433	
1. Entity Name FISHER & SAULS, P.A.	

Principal Place of Business 100 2ND AVE.SO. SUITE 701 ST. PETERSBURG, FL 33701	Mailing Address 100 2ND AVE.SO. SUITE 701 ST. PETERSBURG, FL 33701
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01142008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1302304	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAPUSTA, ROBERT JR 100 SECOND AVENUE SOUTH SUITE 701 ST. PETERSBURG, FL 33701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when retesting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	CD ADCOCK, LOUIE N JR ONE BEACH DRIVE, #2714 ST PETERSBURG, FL <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	VD THORNTON, KENNETH E 105-14TH AVENUE SAINT PETERSBURG, FL 33706 <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	VD POLSON, MARILYN M 6140 7TH AVENUE N ST PETERSBURG, FL <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	PD KAPUSTA, ROBERT JR 1410 45TH AVENUE NO ST PETERSBURG, FL <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	VD MCLAIN, THOMAS H JR 455 34TH AVE. N.E. ST. PETERSBURG, FL <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	DT BOYDSTUN, C.BRYANT JR 1020 SNELL ISLE BLVD NE ST PETERSBURG, FL 33701 <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:  _____ Date: **1/16/08** Daytime Phone # _____

~~ATTACHMENT~~

#602433

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ATTACHMENT

CONTINUATION SHEET...

Page 2 of 2

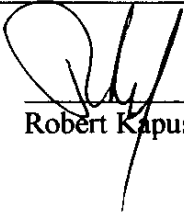
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ENTITY: FISHER & SAULS, P.A.

11 (cont)	OFFICERS AND DIRECTORS	12. (cont)	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Title Name Street Address City-St-Zip	SD Richard T. Earle, III 555 13 th Avenue N.E. St. Petersburg, FL 33701	Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	D Mary F. Selter 725 13 th Avenue NE St. Petersburg, FL 33701	Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	D Peter J. Vasti 8 Marina Terrace Treasure Island, Florida 33706

SIGNATURE:


Robert Kapusta, Jr., President

Date: 1/16/08
Tel: 727-822-2033