


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90165 022 \*\*\*158.75

**DOCUMENT # 602454**  
 1. Entity Name  
 BRYANT MILLER OLIVE P.A.



Principal Place of Business      Mailing Address  
 101 N. MONROE ST., #900      101 N. MONROE ST., #900  
 TALLAHASSEE, FL 32301      TALLAHASSEE, FL 32301

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



04102007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 59-1315801      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	
REID, ROBERT C 101 N. MONROE ST., STE. 900 TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL      Zip Code

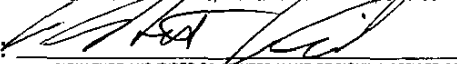
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OLIVE, ROBERT W JR			NAME	Roth, Cari I.		
STREET ADDRESS	101 N. MONROE ST. #900			STREET ADDRESS	101 N. Monroe St., #900		
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP	Tallahassee, FL 32301		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REID, ROBERT C			NAME	Draper, Duane D.		
STREET ADDRESS	101 N. MONROE ST. #900			STREET ADDRESS	One Tampa City Center #2700		
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP	Tampa, FL 33602		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HANNA, RANDALL W			NAME	Queirolo, Samuel P.		
STREET ADDRESS	101 N. MONROE ST #900			STREET ADDRESS	One Tampa City Center #2700		
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP	Tampa, FL 33602		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JUELLE, ELISE F			NAME	Artin, Kenneth R.		
STREET ADDRESS	101 N. MONROE ST #900			STREET ADDRESS	135 W. Central Blvd. #700		
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP	Orlando, FL 32801		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWSON, MARK			NAME			
STREET ADDRESS	101 N. MONROE ST. #900			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:**       Robert C. Reid      4/10/07      850-222-8611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #