
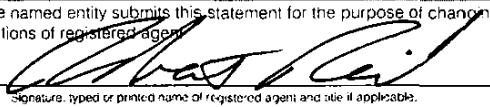
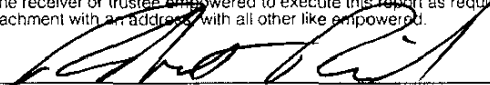


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90031 015 ***150.00

DOCUMENT # 602454 1. Entity Name BRYANT MILLER OLIVE P.A.					
Principal Place of Business 101 N. MONROE ST., #900 TALLAHASSEE, FL 32301			Mailing Address 101 N. MONROE ST., #900 TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1315801	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REID, ROBERT C 101 N. MONROE ST., STE. 900 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 non-stating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	VP ROTH, CARI I 101 N. MONROE ST. #900 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Grant-Wilkinson, Patti 1775 Eye Street, NW Suite 700 Washington, DC 20006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REID, ROBERT C 101 N. MONROE ST. #900 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Artin, Kenneth A. 135 W. Central Blvd. Suite 700 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HANNA, RANDALL W 101 N. MONROE ST #900 TALLAHASSEE, FL 32301	<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	VPD JUDELLE, ELISE F 101 N. MONROE ST #900 TALLAHASSEE, FL 32301	<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	V DRAPER, DUANE D ONE TAMPA CITY CENTER #2700 TAMPA, FL 33602	<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	V QUEIROLO, SAMUEL P ONE TAMPA CITY CENTER #2700 TAMPA, FL 33602	<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					
Daytime Phone #					

50000412



02192008 Chg-P CR2E034 (12/06)