

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720703

FILED  
Mar 15, 2007  
Secretary of State

**Entity Name:** DUI COUNTERATTACK, HILLSBOROUGH, INC.

**Current Principal Place of Business:**

4711 N. HUBERT AVE.  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 151351  
TAMPA, FL 33684

**New Mailing Address:**

**FEI Number:** 23-7126778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JUSTICE, HELEN B  
4711 N. HUBERT AVENUE  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DOMINGUEZ, JAMES  
Address: 801 E TWIGGS ST  
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete  
Name: HAPNER, ELIZABETH  
Address: 304 SOUTH PLANT AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete  
Name: HOLT, JULIANNE  
Address: 700 E TWIGGS , 5TH FLOOR  
City-St-Zip: TAMPA, FL 33602

Title: V ( ) Delete  
Name: QUINN, PHILIP F  
Address: 17017 SHADY PINES DR.  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: MENENDEZ, MANUEL  
Address: 800 TWIGGS STREET, SUITE 602  
City-St-Zip: TAMPA, FL 33602

Title: P ( ) Delete  
Name: WILLIAMS, E.D.  
Address: 11308 SANDPINE ROAD  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HARRISON, RONALD SGT  
Address: 2310 FAULKENBURG ROAD  
City-St-Zip: TAMPA, FL 33619

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP F. QUINN

V

03/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date