

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 DEC -8 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F60799 1. Entity Name WILSON & WESTERMAN, P.A.		
Principal Place of Business 215 VERNE ST., #A P.O. BOX 709 TAMPA, FL 33601-0709		Mailing Address 215 VERNE ST., #A P.O. BOX 709 TAMPA, FL 33601-0709
2. Principal Place of Business - No P.O. Box # 215 W. Verne St.	3. Mailing Address Suite, Apt. #, etc. C	
City & State Tampa, FL	City & State Tampa, FL	
Zip 33606	Country USA	4. FEI Number 59-2148227
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent WILSON, RICHARD H. 215 VERNE ST., #A TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Marielle Westerman Street Address (P.O. Box Number is Not Acceptable) 215 W. Verne St. Ste. C City Tampa FL Zip Code 33606
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 12-4-08
Amended AR is \$61.25		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 P WILSON, RICHARD H 215 VERNE ST. SUITE A TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P, T, S Marielle Westerman 215 W. Verne St., Ste C Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	100138696711 12/08/08--01065--008 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 12-4-08
DAYTIME PHONE # 813-253-2555		12/9/08