

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90024 007 ***150.00

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|--|--|--|---|
| DOCUMENT # G02695 1. Entity Name LAW, REDD, CRONA & MUNROE, P.A. | |  | |
| Principal Place of Business % HARRY L. REDD 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301-3629 | | Mailing Address % HARRY L. REDD 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301-3629 | |
| 2. Principal Place of Business - No P.O. Box # 2075 CENTRE POINTE BLVD. Suite, Apt. #, etc. SUITE 200 | | 3. Mailing Address 2075 CENTRE POINTE BLVD. Suite, Apt. #, etc. SUITE 200 | |
| City & State TALLAHASSEE, FL Zip 32308 | | City & State TALLAHASSEE, FL Zip 32308 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-2221664 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LAW, RICHARD H 2727 APALACHEE PARKWAY TALLAHASSEE, FL | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2075 CENTRE POINTE BLVD. SUITE 200 City TALLAHASSEE FL Zip Code 32308 | |
| 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. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 | V LAW, RICHARD H 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2075 CENTRE POINTE BLVD #200 TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T REDD, HARRY 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32301 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MUNROE, PETER G. 2727 APALACHEE PARKWAY TALLAHASSEE, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GANDY, BONNIE 2727 APALACHEE PKWY TALLAHASSEE, FL 32301 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 4/1/08 Daytime Phone #: 850-878-6189 | |