

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G18067

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: FLORIDA FINANCIAL ADVISORS, INC.

## Current Principal Place of Business:

330 W. BEARSS AVENUE  
TAMPA, FL 336131228 US

## New Principal Place of Business:

330 WEST BEARSS AVENUE  
TAMPA, FL 336131228 US

## Current Mailing Address:

330 W. BEARSS AVENUE  
TAMPA, FL 336131228 US

## New Mailing Address:

330 WEST BEARSS AVENUE  
TAMPA, FL 336131228 US

FEI Number: 59-2243522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANKE, DOUGLAS P.  
330 WEST BEARSS AVENUE  
TAMPA, FL 33613 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTDS ( ) Delete  
Name: HANKE, DOUGLAS P.  
Address: 330 WEST BEARSS AVENUE  
City-St-Zip: TAMPA, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTDS (X) Change ( ) Addition  
Name: HANKE, DOUGLAS P.  
Address: 330 WEST BEARSS AVENUE  
City-St-Zip: TAMPA, FL 336131228 US

Title: AS ( ) Change (X) Addition  
Name: BOTT, CHERYL B  
Address: 330 WEST BEARSS AVENUE  
City-St-Zip: TAMPA, FL 336131228 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS P. HANKE

P

01/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date