

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41099

FILED
Apr 26, 2005
Secretary of State

Entity Name: THOMPSON, SIZEMORE & GONZALEZ, P.A.

Current Principal Place of Business:

501 E. KENNEDY BLVD
SUITE 1400
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 639
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-2293655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, THOMAS M.
501 E. KENNEDY BLVD., #1400
P.O. BOX 639
TAMPA, FL 33601 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: STD () Delete
Name: SIZEMORE, WILLIAM E.,
Address: 501 E. KENNEDY BLVD. #1400
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: GONZALEZ, THOMAS M.,
Address: 501 E. KENNEDY BLVD. #1400
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: HEARING, GREGORY A
Address: 501 E. KENNEDY BLVD. #1400
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: BROWN, DEBORAH
Address: 501 E. KENNEDY BLVD. #1400
City-St-Zip: TAMPA, FL 33602

Title: D (X) Delete
Name: JOHNSON, KEVIN
Address: 501 E. KENNEDY BLVD. #1400
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: GONZALEZ, THOMAS M.,
Address: 501 E. KENNEDY BLVD. #1400
City-St-Zip: TAMPA, FL 33602

Title: D (X) Change () Addition
Name: HEARING, GREGORY A.,
Address: 501 E. KENNEDY BLVD. #1400
City-St-Zip: TAMPA, FL 33602

Title: D (X) Change () Addition
Name: JOHNSON, KEVIN D
Address: 501 E. KENNEDY BLVD. #1400
City-St-Zip: TAMPA, FL 33602

Title: D (X) Change () Addition
Name: CABASSA, LUIS A
Address: 501 E. KENNEDY BLVD. #1400
City-St-Zip: TAMPA, FL 33602

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 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: THOMAS M. GONZALEZ

STD

04/26/2005

Electronic Signature of Signing Officer or Director

Date