


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # G41099 1. Entity Name THOMPSON, SIZEMORE & GONZALEZ, P.A.	
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Principal Place of Business 201 NORTH FRANKLIN STREET SUITE 1600 TAMPA, FL 33602	Mailing Address P.O. BOX 639 TAMPA, FL 33601
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2293655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, THOMAS M. 201 NORTH FRANKLIN STREET P.O. BOX 639 TAMPA, FL 33601
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**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1.17.07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, THOMAS M. 201 NORTH FRANKLIN STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARING, GREGORY A. 201 NORTH FRANKLIN STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KEVIN D 201 NORTH FRANKLIN STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABASSA, LUIS A 201 NORTH FRANKLIN STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/07-80011-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.17.07