## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

**FILED** Feb 05, 2007 08:00 AM Secretary of State

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1. Entity Name

ROGER K. GRIFFEY, C.P.A., A PROFESSIONAL **ASSOCIATION** 



Principal Place of Business

Mailing Address

19141 WHITE WING PLACE TAMPA, FL 33647 US

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## DO NOT WRITE IN THIS SPACE

| 02022007      | No Chg-P | CR2E034 (11 | /05)           |
|---------------|----------|-------------|----------------|
| 4. FEI Number |          |             | Applied For    |
| 59-2425       | 051      |             | Not Applicable |

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GRIFFEY, ROGER K. 19141 WHITE WING PLACE TAMPA, FL 33647

## DO NOT WRITE IN THIS SPACE

2-2-07

813-977-4593

| 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 if     | t applicable (NOTE Registered                          | Agont signature | required when reinstating)     | DATE                                      |  |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00           | Election Campaign Finance     Trust Fund Contribution. | cing            | \$5.00 May Be<br>Added to Fees |   |  |  |  |
| 10.   | OFFICERS AND DIREC  | TORS   |                 |                                |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PSD<br>GRIFFEY, ROGER K.<br>19141 WHITE WING PLACE<br>TAMPA. FL 33647 | :  |                 |                                | U00000619681<br>02/09/07-80006-024 150.00 |  |  |  |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP   |   |  |                 |                                | 130.00                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |                 | DO                             | NOT WRITE                                 |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                 | IN T                           | THIS SPACE                                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                 |                                |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                 |                                |   |  |  |  |
| 12. Thereby 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. |   |  |                 |                                |   |  |  |  |