


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J02339</b> 1. Entity Name <b>CANNON CAPITAL CORP.</b>	
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Principal Place of Business <b>3302 AZEELE ST TAMPA, FL 33609</b>	Mailing Address <b>3302 AZEELE STREET TAMPA, FL 33609</b>
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2651168</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SOROTA, JOSEPH J JR  
28100 US HWY 19 N  
#504  
CLEARWATER, FL 33761**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCCORMICK, THOMAS C 10329 CAROLL WOOD LN 88 TAMPA, FL 33618</b>
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05/04/07-80001-002 150.00

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:** *Thomas C McCormick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1418167 813 960 3563*  
Date Daytime Phone

THOMAS C MCCORMICK