

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J02339

1. Entity Name
CANNON CAPITAL CORP.



Principal Place of Business

3302 AZEELE ST
TAMPA, FL 33609

Mailing Address

3302 AZEELE STREET
TAMPA, FL 33609

FILED
Jul 30, 2008 08:00 AM
Secretary of State



07262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2651168

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCCORMICK, THOMAS C
STREET ADDRESS 10329 CAROLL WOOD LN 88
CITY-ST-ZIP TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
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07/30/08-80003-019 150.00

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

7/27/08 813 960 3563
Date Daytime Phone #