


2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 26 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # J60988 1. Entity Name FLORIDA INFORMATION ASSOCIATES, INC.	
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Principal Place of Business % CONNIE J. BEANE 2007 W. INDIANHEAD DRIVE TALLAHASSEE, FL 32301	Mailing Address % CONNIE J. BEANE 2007 W. INDIANHEAD DRIVE TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2785179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BEANE, CONNIE J
 2007 W. INDIANHEAD DRIVE
 TALLAHASSEE, FL 32301

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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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BEANE, CONNIE J
STREET ADDRESS	2007 W. INDIANHEAD DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	D
NAME	TRIBBLE, EDWARD J
STREET ADDRESS	2007 W. INDIANHEAD DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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800101231258

05/02/07--01051--009 **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: Connie J Beane **CONNIE J. BEANE** 4/26/07 **(850) 898-0188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #