2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K01630

1. Entity Name

LEONARD D. MARSOCCI, C.P.A., P.A.



FILED Jan 30, 2008 8:00 am Secretary of State

01-30-2008 90025 025 ***158.75

Principal Place of Business

IS IN THE PROPERTY OF

3815 W HUMPHREY ST #101 TAMPA. FL 33614

Mailing Address

3815 W HUMPHREY ST #101 TAMPA, FL 33614



DO NOT WRITE IN THIS SPACE

01252008

No Chg-P

CR2E034 (11/05)

813 933 3116

Davime Phone #

FEI Number
 59-2852299

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSOCCI, LEONARD D., C.P.A. 3815 W HUMPHREY ST, #101 TAMPA, FL 33614

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			1			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	red office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_						
SIGNATORE	Signature, typed or printed name of registered agent and title i	applicable. (NO1E: Register	ed Agent signature	required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib			~ —	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS]	•	;	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSOCCI, LEONARD D.,CPA 3815 W HUMPHREY ST, #101 TAMPA, FL				er trust	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		9. 844. 4				
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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR