2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # K08435

1. Entity Name

GIBBONS AND MELENDI, P.A.



Principal Place of Busines.

Mailing Address

1510 W. CLEVELAND ST TAMPA, FL 33606

1510 W. CLEVELAND ST TAMPA, FL 33606



DO NOT WRITE IN THIS SPACE

03142007	No Chg-P	CR2E034 (11/05)		
4. FEI Numbe	r		Applied For	
59-2815	928		Not Applicabl	
		£0.75		

5. Certificate of Status Desired

Fee Required

FILED

Mar 19, 2007 08:00 AM

Secretary of State

6. Name and Address of Current Registered Agent

MELENDI, JOSEPH E. 1510 W. CLEVELAND ST TAMPA, FL 33-6065

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 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing .	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	;					
NAME STREET ADDRESS CITY-ST-ZIP	DPT MELENDI, JOSEPH E. 1510 W CLEVELAND ST TAMPA, FL 33606							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				H00000672748 03/28/07-80081-024 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:			NOT WRITE			
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 _2							
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filling 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: _

Daytime Phone #