2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 04, 2008 08:00 AN Secretary of State DOCUMENT # K51572 1. Entity Name JOE M. GONZALEZ, P.A. Principal Place of Business Mailing Address **304 S WILLOW AVE 304 S WILLOW AVE** TAMPA, FL 33606 TAMPA, FL 33606 US 03252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2923120 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GONZALEZ, JOE M 304 S WILLOW AVE TAMPA, FL 33606 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 04/15/08-80077-018 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. TITLE NAME GONZALEZ, JOE M. 304 S WILLOW AVE STREET ADDRESS TAMPA, FL CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DOINOTWRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

FILED