2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2008 08:00 AN Secretary of State

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1. Entity Name

SAPANARA & WYMAN, P.A.



Principal Place of Business

110 N MAC DILL AVE TAMPA, FL 33409 US Mailing Address

110 N MAC DILL AVE TAMPA, FL 33609 US



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) No Chg-P 01212008

4. FEI Number Applied For Not Applicable 59-2934267 \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

WYMAN, CAROLE L

DO NOT WRITE

110 N MAC TAMPA, FI	CDILL AVENUE L 33609		IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or registered agent, or bo	oth, in the State of Florida. I am familia	ar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and little	if applicable (NOTE: Registered Ap	gent signature required when reinstating)	DATE	•		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.	\$5.00 May Be Added to Fees	. U00000878939 04/14/08-80070-01	5 150.00		
10. IIILE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	D WYMAN, CAROLE L. 110 N MAC DILL AVE TAMPA, FL D SAPANARA, MARK	CTORS					
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	110 N MACDILL AVE TAMPA, FL		DO	NOT WRITE	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS 'CITY-ST-ZIP					-		
12. I hereby of indicated	certify that the information supplied with this for on this report or supplemental report is true	iling does not qualify for the exemand accurate and that my signatur	ptions contained in Chapter 11 e shall have the same legal effe	19, Florida Statutes. I further certify the ect as if made under oath; that I am an appears in Blorida.	at the information officer or director		

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

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x Wyman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

carole L. NYMON

913-814-4644