

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90021 026 \*\*\*150.00



**DOCUMENT # L31550**  
 1. Entity Name  
**SAIC REALTY COMPANY**

Principal Place of Business      Mailing Address  
**3801 BAY TO BAY BLVD**      **3801 BAY TO BAY BLVD**  
**TAMPA, FL 33629 US**      **TAMPA, FL 33629 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

02182008      Chg-P      CR2E034 (12/06)  
 4. FEI Number      Applied For  
**59-2978395**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



**6. Name and Address of Current Registered Agent**  
**GLASER, ROBERT P.**  
**3801 BAY TO BAY BLVD**  
**TAMPA, FL 33629**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	GLASER, ROBERT P.	
STREET ADDRESS	810 S. NEWPORT	
CITY-ST-ZIP	TAMPA, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLARK, CLAUDIA	
STREET ADDRESS	3801 BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	BECKER, SCOTT	
STREET ADDRESS	3801 BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DALEY, PATRICIA	
STREET ADDRESS	3801 BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONOVER, MARY S	
STREET ADDRESS	3801 BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

**SIGNATURE:** *Robert P. Glaser*      **Robert P. Glaser**      **2-18-08**      **(813) 839-3800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #