2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #L33493

1. Entity Name

KASS, SHULER, SOLOMON, SPECTOR, FOYLE & SINGER, P.A.

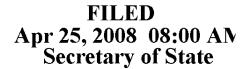


Principal Place of Business

1505 NORTH FLORIDA AVE TAMPA, FL 33602

Mailing Address

1505 NORTH FLORIDA AVE TAMPA, FL 33602





DO NOT WRITE IN THIS SPACE

04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2978197

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

KASS, MICHAEL 1505 N FLORIDA AVE TAMPA, FL 33602

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.	

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

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

U00000923133 05/16/08-80016-017 150.00

OFFICERS AND DIRECTORS 10. DPS TITLE NAME KASS, MICHAEL A. 1505 NORTH FLORIDA AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL TITLE SHULER, JAMES M. 1505 NORTH FLORIDA AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, EL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

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 cath; that I am an officer or director of the corporation or the referred report is true and 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 attachnien with an address with all other like empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR