
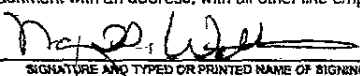


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N04000008354</b> 1. Entity Name FLORIDIANS FOR RESPONSIBLE SPENDING PAC, INC.		
Principal Place of Business 610 SOUTH BOULEVARD TAMPA, FL 33606	Mailing Address 610 SOUTH BOULEVARD TAMPA, FL 33606	
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  WATKINS, ROBERT I 610 SOUTH BOULEVARD TAMPA, FL 33606		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000530968 05/06/06-60020-021 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAT WATKINS, ROBERT I 610 SOUTH BOULEVARD TAMPA, FL 33606	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS BURLESSON, ROBERT G 610 SOUTH BOULEVARD TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATKINS, NANCY H 610 SOUTH BOULEVARD TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCREYNOLDS, JOHN 610 SOUTH BOULEVARD TAMPA, FL 33606	
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 617, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/21/06 Daytime Phone # 813-264-3869