

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000008354

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

FILED
Apr 04, 2007 08:00 A
Secretary of State



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1544128

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, ROBERT I
610 SOUTH BOULEVARD
TAMPA, FL 33606

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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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CAT
WATKINS, ROBERT I
610 SOUTH BOULEVARD
TAMPA, FL 33606

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

U000000690831
04/12/07-80006-002 61.25

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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 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

4/2/07

Date

813-254-3369

Daytime Phone #