

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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**



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1544128

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WATKINS, ROBERT I
610 SOUTH BOULEVARD
TAMPA, FL 33606**

**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.

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, 2008**

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	

U00000930411
05/21/08-80108-010 61.25

**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 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

Daytime Phone #

4/25/08 813-251-3369