2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000008616

1. Entity Name
ELECTIONWATCH-FLORIDA, INC.

FILED
Jul 17, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
480 SEVERN AVENUE TAMPA, FL 33606 US	P.O. BOX 1427 TAMPA, FL 33606 US

07142008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-5376166
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMBA, DAVID E
125 S. GADSDEN STREET
SUITE 300
TALLAHASSEE, FL 32301

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

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000355411
07/17/08-80002-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HEBERT, JOHN
STREET ADDRESS	P.O. BOX 1427
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	T
NAME	CARROLL, KATHLEEN
STREET ADDRESS	480 SEVERN AVENUE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kathleen Carroll 7/14/08 813-716-2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #