


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000012721</b>	
1. Entity Name <b>TOM AND KATHY SHANNON FAMILY FOUNDATION, INC.</b>	

Principal Place of Business <b>13000 N DALE MABRY HIGHWAY TAMPA, FL 33618</b>	Mailing Address <b>13000 N DALE MABRY HIGHWAY TAMPA, FL 33618</b>
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01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-8070461</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SHANNON, THOMAS J JR  
13000 N DALE MABRY HIGHWAY  
TAMPA, FL 33618**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000783521 01/16/08-80018-013 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>SHANNON, THOMAS J JR 13000 N DALE MABRY HIGHWAY TAMPA, FL 33618</b>
TITLE <b>VSTD</b>	<b>SHANNON, MARY KATHRYN 13000 N DALE MABRY HIGHWAY TAMPA, FL 33618</b>
TITLE <b>D</b>	<b>MCDONALD, APRIL S 13000 N DALE MABRY HIGHWAY TAMPA, FL 33618</b>
TITLE <b>D</b>	<b>DEAL, CRYSTAL S 13000 N DALE MABRY HIGHWAY TAMPA, FL 33618</b>
TITLE <b>D</b>	<b>SHANNON, THOMAS J III 13000 N DALE MABRY HIGHWAY TAMPA, FL 33618</b>
TITLE <b></b>	<b></b>

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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:**  **01/09/08** **813-961-1040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Thomas J. Shannon, Jr.