



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90437 035 ****61.25

DOCUMENT # N50145					
1. Entity Name HILLSBOROUGH COUNTY BAR ASSOCIATION SECRETARIAL PLACEMENT SERVICES, INC.					
Principal Place of Business 101 E KENNEDY SUITE 2110 TAMPA, FL 33602 US			Mailing Address 101 E KENNEDY SUITE 2110 TAMPA, FL 33602 US		
2. Principal Place of Business 201 N. FRANKLIN ST. Suite, Apt. #, etc. SUITE 1750 City & State TAMPA FL Zip 33602		3. Mailing Address 201 N. FRANKLIN ST. Suite, Apt. #, etc. SUITE 1750 City & State TAMPA FL Zip 33602			
Country USA		Country USA		04292004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3136863				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRUITT, CONNIE R. ESQ. 101 E KENNEDY BLVD SUITE 2110 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name CONNIE R. PRUITT, ESQ. Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN ST. SUITE 1750 City TAMPA FL Zip Code 33602		
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: <u>Connie R. Pruitt, Esq. Dir.</u> 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOKER, MICHAEL S P.O. BOX 3333 TAMPA, FL 33601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, JAMES G PO BOX 3433 TAMPA, FL 336013433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCULLOCH, MARIAN P P.O. BOX 2111 TAMPA, FL 33601211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIFINO, WILLIAM J JR 201 N. FRANKLIN ST. TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, V. STEPHEN ONE TAMPA CITY CENTER TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PRUITT, CONNIE R 101 E. KENNEDY BLVD, STE 2110 TAMPA, FL 33602	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Connie R. Pruitt Esq. Dir. Connie R. Pruitt</u> 4/29/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					