

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90133 011 ***150.00

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|---|--|--|--|--|---|
| DOCUMENT # P00000093764 | | | | | |
| 1. Entity Name JERRY L HEAD, CPA, P.A. | | | | | |
| Principal Place of Business 101 AMERICAN CENTER PLACE, SUITE 113 TAMPA, FL 33609 | | | Mailing Address 101 AMERICAN CENTER PLACE, SUITE 113 TAMPA, FL 33609 | | |
| 2. Principal Place of Business - No P.O. Box # 101 AMERICAN CENTER PLACE | | 3. Mailing Address 101 AMERICAN CENTER PLACE | | | |
| Suite, Apt. #, etc. SUITE 113 | | Suite, Apt. #, etc. SUITE 113 | | | |
| City & State TAMPA, FL | | City & State TAMPA, FL | | | |
| Zip 33619 | | Zip 33619 | | | |
| Country HILLS | | Country HILLS | | 04302008 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 59-3679579 | | | | 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 HEAD, JERRY L 101 AMERICAN CENTER PLACE, SUITE 113 TAMPA, FL 33609 | | | 7. Name and Address of New Registered Agent Name <u>JERRY L. HEAD</u> Street Address (P.O. Box Number is Not Acceptable) <u>101 AMERICAN CENTER PLACE SUITE 113</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33619</u> | | |
| 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>JERRY HEAD</u> <u>PRESIDENT</u> <u>4/30/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPVT HEAD, JERRY L 101 AMERICAN CENTER PLACE, SUITE 113 TAMPA, FL 33609 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPVT JERRY L. HEAD 101 AMERICAN CENTER PLACE, SUITE 113 TAMPA, FL 33619 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 607, 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>JERRY HEAD</u> | | | <u>4/30/08</u> | | <u>813-626-1200</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |