


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000107317**

1. Entity Name  
 THOMAS TITO, P.A.



Principal Place of Business      Mailing Address

10707 - 66 ST. NO. STE. 10      10707 - 66 ST. NO. STE. 10  
 PINELLAS PARK, FL 33782      PINELLAS PARK, FL 33782

**DO NOT WRITE IN THIS SPACE**



03062008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3684840</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TITO, THOMAS  
 10707 - 66 ST. NO. STE. 10  
 PINELLAS PARK, FL 33782

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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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U000000868653  
 04/09/08-80016-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TITO, THOMAS 10707 - 66 ST. NO. STE. 10 PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T WILLIAMS, BRUCE T 10707 66TH STREET, SUITE 7 PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: Thomas Tito      3-19-08    727-549-8994

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