

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000021130

Entity Name: F. JAMES BISCHOFF, P.A.

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

447 THIRD AVE N  
400  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

447 THIRD AVE N  
405  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

PO BOX 16088  
ST PETERSBURG, FL 33733

**New Mailing Address:**

FEI Number: 59-3703250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BISCHOFF, F JAMES  
447 3RD AVE N  
STE 400  
SAINT PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BISCHOFF, F JAMES  
Address: 175 2ND STREET SOUTH UNIT 1011  
City-St-Zip: ST. PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. JAMES BISCHOFF

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date