2008 FOR PROFIT-CORPORATION ANNUAL REPORT

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

DOCL	JMENT	_# P0.	10001	11756
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1. Entity Name

MATTHEW S. GROOM, C.P.A., P.A.



Principal Place of Business

Mailing Address

273 PINEWOOD DR TALLAHASSEE, FL 32303 273 PINEWOOD DR TALLAHASSEE, FL 32303



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (11/05) 01042008

Applied For 4. FEI Number 59-3756893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

GROOM, MATTHEW S 273 PINEWOOD DR TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

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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									
Signature, typed or printed name of registered agent and stile if applicable (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 \$5.00 May Be Trust Fund Contribution Added to Fees							
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GROOM, MATTHEW S 273 PINEWOOD DR TALLAHASSEE, FL 32303			e e e e e e e e e e e e e e e e e e e	U00000775558				
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NAME STREET ADDRESS CITY-SI-ZIP	outly that the information and out the life in			Victoria Charles III	O. Florido Statutos I turbos codifictos that the information				
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR