
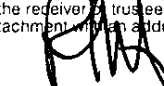


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90102 009 \*\*\*150.00

<b>DOCUMENT # P02000012264</b> 1. Entity Name <b>SIVYER, BARLOW &amp; WATSON, P.A.</b>					
Principal Place of Business <b>5100 S. ASHLEY DR SUITE 2150 TAMPA, FL 33602 US</b>			Mailing Address <b>5100 S. ASHLEY DR SUITE 2150 TAMPA, FL 33602 US</b>		
2. Principal Place of Business - No P.O. Box # <b>401 E. Jackson Street</b> Suite, Apt. #, etc. <b>Suite 2225</b>		3. Mailing Address <b>401 E. Jackson Street</b> Suite, Apt. #, etc. <b>Suite 2225</b>			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>37-1418943</b>	
Zip <b>33602</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WATSON, PAUL D ESQ. 401 E JACKSON STREET SUITE 2225 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIVYER, NEAL <input type="checkbox"/> Delete 100 S. ASHLEY DRIVE, STE 2150 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sivyer, Neal 401 E. Jackson Street, Ste 2225 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAHLON, BARLOW <input type="checkbox"/> Delete 100 S. ASHLEY DRIVE, STE 2150 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barlow, Mahlon 401 E. Jackson Street, Ste 2225 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATSON, PAUL <input type="checkbox"/> Delete 100 S. ASHLEY DRIVE, STE 2150 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Watson, Paul 401 E. Jackson Street, Ste 2225 Tampa, FL 33602	
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	
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	
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.					
<b>SIGNATURE:</b> 			Paul D. Watson (813) 221-4242		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40003366



01072008 Chg-P CR2E034 (12/06)