

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90252 010 ***150.00

DOCUMENT # P02000019086

1. Entity Name
FIOL, GOMEZ & BLACKBURN, P.A.



Principal Place of Business
**400 NORTH TAMPA STREET
SUITE 2630
TAMPA, FL 33602**

Mailing Address
**400 NORTH TAMPA STREET
SUITE 2630
TAMPA, FL 33602**

2. Principal Place of Business - No P.O. Box #
1515 NORTH MARION STREET

3. Mailing Address
1515 NORTH MARION STREET

Suite, Apt. #, etc.
1st FLOOR

Suite, Apt. #, etc.
1st FLOOR

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

Zip
33602

Country
USA

Zip
33602

Country
USA

04182007

Chg-P

CR2E034 (12/06)

4. FEI Number
01-0610949

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DE LA PARTE, L. DAVID
101 E KENNEDY BLVD, STE 3400
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
RONALD A. CHRISTALDI

Street Address (P.O. Box Number is Not Acceptable)

101 EAST KENNEDY BLVD, SUITE 3400

City
TAMPA

FL

Zip Code
33602

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 ☒ *Ronald A. Christaldi*

RONALD A. CHRISTALDI

APRIL 19, 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, LEO 3208 HARBORVIEW AVE. TAMPA, FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIOL, ALEJANDRO 17502 OSPREY MANOR WAY LITHIA, FL 33547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: ☒ *Leo Gomez* **LEO GOMEZ**

APRIL 19, 2007

(813) 223-6773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #