## 2007 FOR PROFIT CORPORATION

## **FILED** May 01, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P02000062220 1. Entity Name JOSÉPH G. GUGGINO, PA Principal Place of Business Mailing Address 3115 SWANN AVE 3115 SWANN AVE TAMPA, FL 33609 TAMPA, FL 33609 No Chg-P CR2E034 (11/05) 04182007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0629280 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUGGINO, JOSEPH G DO NOT WRITE 3115 SWANN AVE TAMPA, FL 33609 IN THIS SPACE 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE GUGGINO, JOSEPH G NAME STREET ADDRESS 3115 SWANN AVE-TAMPA, FL 33609 CITY-ST-ZIP U00000753764 05/22/07-80030-007 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental leport is true-and accorded 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 trusted 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 atta with an add vith all oth

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

JUSEPH G. GUGGINO

Daytime Phone I