## 2008 FOR PROFIT CORPORATION

## Mar 03, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P03000019018 1. Entity Name S. DAVID ANTON, P.A. Principal Place of Business Mailing Address 1802 N. MORGAN ST. 1802 N. MORGAN ST. TAMPA, FL 33602 TAMPA, FL 33602 02282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2197100 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANTON, S. DAVID DO NOT WRITE 1802 N. MORGAN ST. TAMPA, FL 33602 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, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ANTON, S. DAVID NAME STREET ADDRESS 1802 N. MORGAN ST. TAMPA, FL 33602 CITY-ST-ZIP U00000844722 03/13/08-80010-016 158.75 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 empressed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee emped changed, or on an attachment with an address, w

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> DAULD ANTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED