

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90034 003 \*\*\*150.00

DOCUMENT # P03000082518

1. Entity Name  
 IAN S. GIOVINCO, PA



Principal Place of Business Mailing Address

81 DAVIS BLVD. 81 DAVIS BLVD.  
 SUITE A SUITE A  
 TAMPA, FL 33606 TAMPA, FL 33606

40006915



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2202 N. Westshore Blvd. 501 Knights Run.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 200 1234

01262007 Chg-P CR2E034 (12/06)

City & State City & State

Tampa, FL Tampa, FL

4. FEI Number Applied For

54-2118880 Not Applicable

Zip Country Zip Country

33606 USA 33602 USA

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

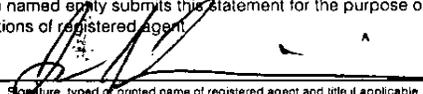
6. Name and Address of Current Registered Agent

GROVINCO, IAN S  
 81 DAVIS BLVD  
 SUITE A  
 TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name IAN S. Grovinco  
 Street Address (P.O. Box Number is Not Acceptable) 2202 N. Westshore Blvd.  
 #200  
 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  DATE 1/26/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GIOVINCO, IAN S	
STREET ADDRESS	81 DAVIS BLVD SUITE A	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IAN S. Grovinco	
STREET ADDRESS	501 KNIGHTS RUN #1234	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE 1/26/07 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR