


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90026 020 \*\*\*150.00

<b>DOCUMENT # P03000096619</b> 1. Entity Name TIMOTHY J. NUSSER, P.A.	
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Principal Place of Business 1318 E CERVANTES ST PENSACOLA, FL 32501	Mailing Address 1318 E CERVANTES ST PENSACOLA, FL 32501
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**DO NOT WRITE IN THIS SPACE**

40044100



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0187812	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

NUSSER, TIMOTHY J  
1318 E CERVANTES ST  
PENSACOLA, FL 32501

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NUSSER, TIMOTHY J 1318 E CERVANTES ST PENSACOLA, FL 32501
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**DO NOT WRITE  
IN THIS SPACE**

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:  Tim Nusser 3/8/08 850 437 5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #