

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000127508

1. Entity Name
FOX & LOQUASTO P.A.



Principal Place of Business

112 N. DELAWARE AVE.
SUITE 1
TAMPA, FL 33606

Mailing Address

112 N. DELAWARE AVE.
SUITE 1
TAMPA, FL 33606

FILED
Jan 25, 2007 08:00 AM
Secretary of State



01152007 No Chg-P CR2E034 (11/05)

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4. FEI Number
83-0375770

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, SUSAN W
112 N. DELAWARE AVE.
SUITE 1
TAMPA, FL 33606

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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

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	P
NAME	FOX, SUSAN W
STREET ADDRESS	302 COLUMBIA DR.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	VP,
NAME	LOQUASTO, WENDY S
STREET ADDRESS	1402 SHUFFIELD DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	S
NAME	LOQUASTO, WENDY S
STREET ADDRESS	1402 SHUFFIELD DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	T
NAME	LOQUASTO, WENDY S
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80117-014 150.00

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

Date

(813) 251-6400

Daytime Phone #