


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000029848 1. Entity Name ANTHONY J ROUNDS, PA	
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Principal Place of Business 2914 OLD ORCHARD LN PARRISH, FL 34219	Mailing Address 2914 OLD ORCHARD LN PARRISH, FL 34219
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DO NOT WRITE IN THIS SPACE

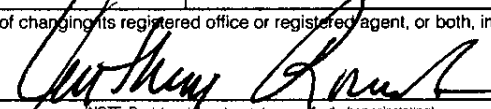


01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0638839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROUNDS, ANTHONY J 2914 OLD ORCHARD LN PARRISH, FL 34219
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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 <u>ANTHONY ROUNDS</u>  <u>2-29-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000838746 03/05/08 00043 006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROUNDS, ANTHONY J 2914 OLD ORCHARD LN PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROUNDS, COLLEEN 2914 OLD ORCHARD LANE PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u>Colleen Rounds</u> <u>COLLEEN ROUNDS</u> <u>2-29-08 (722) 343-3044</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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