

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90010 032 ***150.00

DOCUMENT # P04000111531 1. Entity Name THOMAS V. GULLO, P.A.					
Principal Place of Business 651 OKEECHOBEE BLVD. 204 WEST PALM BEACH, FL 33401			Mailing Address 651 OKEECHOBEE BLVD. 204 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02152008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GULLO, THOMAS V 230 SOUTH COUNTY RD. SUITE B PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name <u>THOMAS V. GULLO P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>651 OKEECHOBEE BLVD</u> <u>APT 204</u> City <u>WEST PALM BEACH</u> FL Zip Code <u>33401</u>	
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. <u>THOMAS V. GULLO PA</u> SIGNATURE <u>[Signature]</u> DATE <u>3/26/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULLO, THOMAS V 651 OKEECHOBEE BLVD. 204 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>sk</u> Change <input type="checkbox"/> Addition	
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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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>3/26/08</u> DAYTIME PHONE # <u>561-628-1650</u>		