

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90095 036 ***150.00

DOCUMENT # P04000145575

1. Entity Name
CFO STRATEGIC PARTNERS TAMPA, INC.



Principal Place of Business
**100 E. MADISON ST.
SUITE 100
TAMPA, FL 33602**

Mailing Address
**811 N. MAGNOLIA AVENUE
ORLANDO, FL 32803**

40022913



2. Principal Place of Business

633 N. Franklin St.

3. Mailing Address

Suite, Apt. #, etc.
Suite 600

City & State

Tampa, FL

City & State

Zip

33602

Country

Zip

Country

03012006

Chg-P

CR2E034 (11/05)

4. FEI Number

30-0279209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROUILLETTE, SHANNON B
811 N. MAGNOLIA AVENUE
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P,T
BROUILLETTE, SHANNON B
811 N. MAGNOLIA AVENUE
ORLANDO, FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP,S
HORTON, LEIGH ANN
811 N. MAGNOLIA AVENUE
ORLANDO, FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #