

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90084 037 ***150.00

DOCUMENT # P04000145575	
1. Entity Name CFO STRATEGIC PARTNERS TAMPA, INC.	



Principal Place of Business 633 N FRANKLIN ST SUITE 600 TAMPA, FL 33602	Mailing Address 811 N. MAGNOLIA AVENUE ORLANDO, FL 32803
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20005512

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 801 N. Orange Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 800	
City & State		City & State Orlando, FL	
Zip	Country	Zip	Country
		32801	



02222007 Chg-P CR2E034 (12/06)

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: Brouillette, Shannon B Street Address (P.O. Box Number is Not Acceptable): 801 N. Orange Ave Suite 800 City: Orlando FL Zip Code: 32801	
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.T BROUILLETTE, SHANNON B 811 N. MAGNOLIA AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.T Brouillette, Shannon B 801 N. Orange Ave; Suite 800 Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, S HORTON, LEIGH ANN 811 N. MAGNOLIA AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, S Horton, Leigh Ann 801 N. Orange Ave; Suite 800 Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Loeffel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07
Date

Daytime Phone #