2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90260 013 ***150.00

DOCUMENT # P06000042595

1. Entity Name
HIMES & BOIRE PA

Principal Place of Business	Mailing Address
3307 HAWTHORNE RD TAMPA, FL 33611	3307 HAWTHORNE RD TAMPA, FL 33611

50000164

01052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
101 EAST KENNEDY BLVD	101 E. KENNEDY BLVD.
Suite, Apt. #, etc. #2430	Suite, Apt. #, etc. #2430
City & State TAMPA FL	City & State TAMPA FL
Zip 33602 Country USA	Zip 33602 Country USA

4. FEI Number 76 0823048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANGELICI, LINA ESQ 1 TAMPA CITY CENTER SUITE 2600 TAMPA, FL 33602	Name J. FRASER HIMES Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY, STE 2430 City TAMPA FL Zip Code 33602

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. J. FRASER HIMES

SIGNATURE [signature] PRES. 1-10-07
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHN FRASER HIMES		NAME		
STREET ADDRESS	101 E. Kennedy Blvd. #2430		STREET ADDRESS		
CITY-ST-ZIP	Tampa FL 33602		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Fredrique B Boire		NAME		
STREET ADDRESS	101 E. Kennedy Blvd #2430		STREET ADDRESS		
CITY-ST-ZIP	Tampa FL 33602		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] J FRASER HIMES, PRES 1-10-07 813-261-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone