
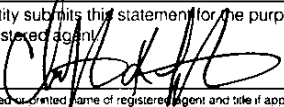
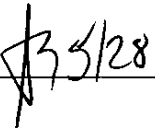



2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # P06000093921 | | | |  | |
| 1. Entity Name BONIFIELD, FRIEDMAN & LEIFER, P.A. | | | | | |
| Principal Place of Business 3502 HENDERSON BLVD. SUITE 203 TAMPA, FL 33609 US | | | Mailing Address P. O. BOX 799 TAMPA, FL 33601 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 3502 HENDERSON BLVD. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 203 | | | |
| City & State | | City & State TAMPA, FL | | | |
| Zip | Country | Zip 33609 | | Country US | |
| 6. Name and Address of Current Registered Agent BONIFIELD, JENNIFER A 3502 HENDERSON BLVD. SUITE 203 TAMPA, FL 33609 | | | 7. Name and Address of New Registered Agent Name: CHRISTOPHER K. LEIFER Street Address (P.O. Box Number is Not Acceptable): 3502 HENDERSON BLVD. # 203 City: TAMPA FL Zip Code: 33609 | | |
| 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:  PRESIDENT DATE: 5/15/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Amended AR is \$61.25 | | 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 | P BONIFIELD, JENNIFER A 3502 HENDERSON BLVD STE 203 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT FRIEDMAN, PHILIP A 3502 HENDERSON BLVD STE 203 TAMPA, FL 33609 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT FRIEDMAN, PHILIP A 3502 HENDERSON BLVD. #203 TAMPA, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS LEIFER, CHRISTOPHER K 3502 HENDERSON BLVD STE 203 TAMPA, FL 33609 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS LEIFER, CHRISTOPHER K. 3502 HENDERSON BLVD. # 203 TAMPA, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700130676277 06/03/08--01015--018 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 an other like empowered. | | | | | |
| SIGNATURE:  | | | Date: 5/15/08 Daytime Phone #: (813) 221-9500 | | |

FILED

08 MAY 23 AM 11:29

CLERK OF STATE
TALLAHASSEE, FLORIDA



05182008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5179283 Applied For Not Applicable

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

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS LEIFER, CHRISTOPHER K 3502 HENDERSON BLVD STE 203 TAMPA, FL 33609 <input type="checkbox"/> Delete |
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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/15/08 Daytime Phone #: (813) 221-9500