2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108876

Entity Name: JOSEPH LOCICERO P.A.

FILED Jul 03, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

3334 CHESSINGTON DR. LAND O LAKES, FL 34638

Current Mailing Address: New Mailing Address:

3334 CHESSINGTON DR. LAND O LAKES, FL 34638

FEI Number: 74-3187079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOCICERO, JOSEPH A
8308 STILLBROOK AVE.
TAMPA, FL 33615 US
LAND O LAKES, FL 34638 US

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.

SIGNATURE: JOSEPH A. LOCICERO 07/03/2007

Electronic Signature of Registered Agent Date

City-St-Zip:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LAND O LAKES, FL 34638

Title: P () Delete Title: P (X) Change () Addition Name: LOCICERO, JOSEPH A LOCICERO, JOSEPH A

 Address:
 8308 STILLBROOK AVE.
 Address:
 3334 CHESSINGTON DR.

 City-St-Zip:
 TAMPA, FL 33615
 City-St-Zip:
 LAND O LAKES, FL 34638

 Title:
 () Delete
 Title:
 VP () Change (X) Addition

 Name:
 Name:
 LOCICERO, ROSE F

 Address:
 Address:
 3334 CHESSINGTON DR.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE F LOCICERO VP 07/03/2007