


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90020 030 \*\*\*150.00

<b>DOCUMENT # P07000067289</b> 1. Entity Name <b>WILLIAM C. SUNDBLOM CPA, PA</b>					
Principal Place of Business • <b>3210 COVENTRY NORTH SAFETY HARBOR, FL 34695</b>			Mailing Address • <b>3210 COVENTRY NORTH SAFETY HARBOR, FL 34695</b>		
2. Principal Place of Business - No P.O. Box # <b>131 FIRST ST. NW</b>		3. Mailing Address <b>131 FIRST ST. NW</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>LARGO FL</b>		City & State <b>LARGO FL</b>		4. FEI Number <b>26-0407336</b>	
Zip <b>33770</b>		Country <b>PINELLAS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SUNDBLOM, WILLIAM C 3210 COVENTRY NORTH SAFETY HARBOR, FL 34695</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>131 FIRST ST. NW</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33770</b>			
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 <u>William C Sundblom</u> <b>WILLIAM C. SUNDBLOM</b> <u>4/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SUNDBLOM, WILLIAM C</b> <b>3210 COVENTRY NORTH</b> <b>SAFETY HARBOR, FL 34695</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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.					
<b>SIGNATURE: <u>William C Sundblom</u> <b>WILLIAM C. SUNDBLOM</b> <u>4/21/08</u> <b>727 581 6817</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					