2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000031757

Entity Name: BUSCIGLIO & SHERIDAN LAW GROUP, P.A.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
505 E. JAC SUITE 205 TAMPA, F		Т	505 E. JACKSON ST SUITE 207 TAMPA, FL 33602	REET US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
505 E. JAC SUITE 205 TAMPA, F		Т	505 E. JACKSON ST SUITE 207 TAMPA, FL 33602	REET US	
FEI Number:	: 26-2163570	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N			Name and Address	Name and Address of New Registered Agent:	
10609 CAF TAMPA, F The above in the State	named entity s e of Florida.		rpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
	Electroni	c Signature of Registered Agen	t	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () SHERIDAN, JOS 10609 CAPE HA TAMPA, FL 336	TTERAS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SHERIDAN, DIN, 10609 CAPE HA TAMPA, FL 336	TTERAS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () SHERIDAN, JOS 10609 CAPE HA TAMPA, FL 336	TTERAS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () SHERIDAN, DIN 10609 CAPE HA TAMPA, FL 336	TTERAS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOSHUA G. SHERIDAN PRES 04/30/2009