

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000033636

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CIVIC MEMORIAL OFFICE CENTER MANAGEMENT CORPORATION

**Current Principal Place of Business:**

6601 MEMORIAL HIGHWAY  
200  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

6601 MEMORIAL HIGHWAY  
200  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 94-3436350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKKALAPULO, LOUIS ESQ  
BAKKALAPULO & ASSOCIATES, PA  
111 N. BELCHER ROAD, SUITE 201  
CLEARWATER, FL 33765 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: BAKKALAPULO, LOUIS  
Address: 6601 MEMORIAL HIGHWAY, SUITE 200  
City-St-Zip: TAMPA, FL 33615

Title: TDV  
Name: BAKKALAPULO, PAUL  
Address: 6601 MEMORIAL HIGHWAY, SUITE 200  
City-St-Zip: TAMPA, FL 33615

I hereby 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 all other like empowered.

SIGNATURE: LOUIS BAKKALAPULO, PRES.

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date