

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90063 032 ***150.00

DOCUMENT # P93000034718 1. Entity Name MARK C. PAYNE, P.A.			
Principal Place of Business 620 E TWIGGS ST 204 TAMPA, FL 33602-3911		Mailing Address 620 E TWIGGS ST 204 TAMPA, FL 33602-3911	
2. Principal Place of Business - No P.O. Box # 514 N. Franklin Street		3. Mailing Address 514 N. Franklin Street	
Suite, Apt. #, etc. Suite 205		Suite, Apt. #, etc. Suite 205	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33602-4832		Zip 33602-4832	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-3749066		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAYNE, MARK C 620 E TWIGGS STREET 204 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Mark C. Payne Street Address (P.O. Box Number is Not Acceptable) 514 N. Franklin Street, Suite 205 City Tampa FL Zip Code 33602	
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><i>Mark C. Payne</i></u> DATE <u><i>4/9/08</i></u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	D <input type="checkbox"/> Delete PAYNE, MARK C 620 E TWIGGS ST TAMPA, FL 336023911	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Payne, Mark C. 514 N. Franklin Street, Suite 205 Tampa, FL 33602-4832
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
SIGNATURE: <u><i>Mark C. Payne</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Mark C. Payne, P.A. <u><i>4/9/08</i></u> <u><i>813-223-6882</i></u> <small>Date Daytime Phone #</small>	

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