


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90002 029 ***150.00

DOCUMENT # P95000095341	
1. Entity Name BRUCE A. MINNICK, PROFESSIONAL ASSOCIATION	

Principal Place of Business 2815 REMINGTON GREEN CIRCLE SUITE 200 TALLAHASSEE, FL 32308 US	Mailing Address P.O. DRAWER 15588 TALLAHASSEE, FL 32317 US
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2. Principal Place of Business - No P.O. Box # 2937 Kerry Forest Pkwy Suite, Apt. #, etc. Suite C City & State Tallahassee FL Zip 32309 Country US	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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06052008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3347029	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 MINNICK, JOHN A ESQ 2815 REMINGTON GREEN CIRCLE SUITE 200 TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name BRUCE A. MINNICK Street Address (P.O. Box Number is Not Acceptable) 2937 Kerry Forest Parkway Suite C City Tallahassee FL Zip Code 32309
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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 *Bruce A. Minnick* **BRUCE A. MINNICK PRES** **6/02/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT <input type="checkbox"/> Delete MINNICK, BRUCE A ESQ. 2815 REMINGTON GREEN CIR SUITE 200 TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2937 Kerry Forest Parkway Ste C Tall. Fl 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <input checked="" type="checkbox"/> Delete MINNICK, JOHN A ESQ. 2815 REMINGTON GREEN CIR SUITE 200 TALLAHASSEE, FL 32308	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
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

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: *Bruce A. Minnick* **BRUCE A MINNICK Pres** **6/02/08** **8503869444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #