## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000072384

FILED Apr 22, 2008 Secretary of State

Entity Name: FLORIDA HIGHWAY PATROL COMMAND OFFICERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6615 MAHAN DR. PMB 122 SUITE 104				3491-11 THOMASVILLE RD #133 TALLAHASSEE, FL 32309 US		
	SSEE, FL 3230	08 US	17/22/11/10	JOEE, 1 E 02000 GO		
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 1 TALLAHAS	4245 SSEE, FL 323	174245 US				
FEI Number	: 59-3408193	FEI Number Applied For ( )	El Number Not Appl	icable ( ) Certificate o	of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registe	ered Agent:	
1415 E. PÎ SUITE 4 TALLAHAS	RICHARD EDMONT DR. SSEE, FL 3230 e named entity s	08 US submits this statement for the purp	oose of changing i	ts registered office or regis	stered agent, or both	
	e of Florida.		occe of enanging f	is registered office of regis	stored agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Agent		Dat	te	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () WILLIAMS, STE P.O. BOX 1424 TALLAHASSEE	5 N/A	Title: Name: Address: City-St-Zip:	()Change()A	Addition	
Title: Name: Address: City-St-Zip:	ST () CULHANE, TIM P.O. BOX 1424 TALLAHASSEE	5 N/A	Title: Name: Address: City-St-Zip:	T (X) Change ( ) A CULHANE, TIMOTHY P.O. BOX 14245 N/A TALLAHASSEE, FL 32317	Addition	
Title: Name: Address: City-St-Zip:	V () BROWN, CYRL P.O. BOX 1424 TALLAHASSEE	5 N/A	Title: Name: Address: City-St-Zip:	()Change ()A	Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	S () Change (X) A GASTON, KEITH PO BOX 14245 TALLAHASSEE. FL 32317	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: STEVEN A. WILLIAMS, SR. P 04/22/2008