

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90021 044 ***150.00

DOCUMENT # P97000032091																																																					
1. Entity Name TAMMY DE SOTO CICCHETTI, P.A.																																																					
Principal Place of Business 2477 TIM GAMBLE PLACE TALLAHASSEE, FL 32308 US			Mailing Address 2477 TIM GAMBLE PLACE TALLAHASSEE, FL 32308 US																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																			
City & State		City & State		4. FEI Number 59-3438926																																																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent CICCHETTI, TAMMY D 2477 TIM GAMBLE PLACE TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																					
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																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 40%; padding: 5px;"> PO CICCHETTI, TAMMY D 2477 GAMBLE PL TALLAHASSEE, FL 32308 <i>Tim</i> </td> <td style="width: 30%; padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 30%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 40%; padding: 5px;"> PO CICCHETTI, TAMMY 2477 Tim Gamble Place Tallahassee, FL 32308 </td> <td style="width: 30%; padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CICCHETTI, TAMMY D 2477 GAMBLE PL TALLAHASSEE, FL 32308 <i>Tim</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CICCHETTI, TAMMY 2477 Tim Gamble Place Tallahassee, FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CICCHETTI, TAMMY D 2477 GAMBLE PL TALLAHASSEE, FL 32308 <i>Tim</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CICCHETTI, TAMMY 2477 Tim Gamble Place Tallahassee, FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
		<input type="checkbox"/> Delete			<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: _____				Date 850-671-1890																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #																																																	