## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # P97000037301

ROONEY & ASSOCIATES, INC.



**FILED** Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

2706 ALTERNATE 19N

SUITE 216

PALM HARBOR, FL 34683

Mailing Address

2706 ALTERNATE 19N

SUITE 216

PALM HARBOR, FL 34683



DO NOT WRITE IN THIS SPACE

01102008 . No Chg-P CR2E034 (11/05)

4. FEI Number 59-3449251

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROONEY, JOHN J 2706 ALTERNATE 19N **SUITE 216** PALM HARBOR, FL 34683

## DO NOT WRITE IN THIS SPACE

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								
	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Reg	pistered Agent signature	required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution				\$5.00 May Be Added to Fees	U00000884945 04/17/08-80064-005 150.00			
10.	OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROONEY, JOHN J. 2706 ALTERNATE 19 N, SUITE 216 PALM HARBOR, FL 34683							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROONEY, DEBRA L 2706 ALTERNATE 19N STE 216 PALM HARBOR, FL 34683							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
TITLE NAME								

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.

SI	GN	ATU	RE:
•	~: ·:	~ •	

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SOHN JROONEY