2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000043193

1. Entity Name

BACKHUS & IZAKOWITZ, P.A.

Principal Place of Business

Mailing Address

13014 N DALE MABRY HWY

13014 N DALE MABRY HWY

746 TAMPA, FL 33618

TAMPA, FL 33618 U

FILED Jan 09, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01052008 No Chg-P CR2E034 (11/05)

4. FEI Number A

59-3518351

Applied For Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDER, LYNNE 777 SOUTH HARBOUR ISLAND BLVD. STE 850 TAMPA, FL 33602

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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 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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND DIREC	CTORS	
TITLE	P		
NAME	BACKHUS, TERRI L		

STREET ADDRESS 13014 N DALE MABRY HWY SUITE 746 CITY-ST-ZIP TAMPA, FL 33618 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. Thereby certify that the information supplied with this filling 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 cath, 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 withen address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/08 813-269-7604