

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90014 009 ***550.00

DOCUMENT # P98000066786	
1. Entity Name ROUSON AND ASSOCIATES, P.A.	

Principal Place of Business 3110 1ST AVENUE N. STE 5W ST. PETERSBURG, FL 33713	Mailing Address 3110 1ST AVENUE N. STE 5W ST PETERSBURG, FL 33713
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2. Principal Place of Business No P.O. Box # 201 N. Franklin St. Suite, Apt. #, etc 7th Floor City & State Tampa FL Zip 33602	Country	3. Mailing Address 201 N. Franklin St. Suite, Apt. #, etc 7th Floor City & State Tampa, FL Zip 33602	Country
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07162008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3590361	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROUSON, DARRYL E 3110 1ST AVENUE N., STE 5W ST PETERSBURG, FL 33713	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Darryl E. Rouson DATE 7/15/08

Signature typed or printed name of registered agent in title if applicable. (NOTE: Registered Agent signature required when beneficial.)

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROUSON, DARRYL E 3110 1ST AVENUE N., STE 5W ST PETERSBURG, FL 33713 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELTON-DUDLEY, TAMARA 3110 1ST AVENUE N., STE 5W ST PETERSBURG, FL 33713 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Darryl E. Rouson DATE 7/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR