2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000000297

1. Entity Name
BRICKLEMYER SMOLKER & BOLVES, P.A.

Principal Place of Business	Mailing Address
500 EAST KENNEDY BLVD. #200 TAMPA, FL 33602	500 EAST KENNEDY BLVD. #200 TAMPA, FL 33602

01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3552748
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRICKLEMYER, KEITH W
500 EAST KENNEDY BLVD. #200
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 _____ U00000580830 01/10/07-80064-003 150.00
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRICKLEMYER, KEITH W
STREET ADDRESS	500 EAST KENNEDY BLVD. #200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	BOLVES, BRIAN A
STREET ADDRESS	500 EAST KENNEDY BLVD. #200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	SMOLKER, DAVID
STREET ADDRESS	500 EAST KENNEDY BLVD. #200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	BARTLETT, JAY J
STREET ADDRESS	500 EAST KENNEDY BLVD. #200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	ROLAND, DOUGLAS C
STREET ADDRESS	500 EAST KENNEDY BLVD. #200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	ORCUTT, GREGORY J
STREET ADDRESS	500 EAST KENNEDY BLVD. #200
CITY-ST-ZIP	TAMPA, FL 33602

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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: _____ KEITH W. BRICKLEMYER 1/9/07 (813)223-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #