

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90062 021 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                                                     |                                                                           |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P99000000297</b><br>1. Entity Name<br><b>BRICKLEMYER SMOLKER &amp; BOLVES, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                                                     |                                                                           |                                                     |  |
| Principal Place of Business<br><b>500 EAST KENNEDY BLVD. #200<br/>TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                                                     | Mailing Address<br><b>500 EAST KENNEDY BLVD. #200<br/>TAMPA, FL 33602</b> |                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | 3. Mailing Address                                                                                                  |                                                                           |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             | Suite, Apt. #, etc.                                                                                                 |                                                                           |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             | City & State                                                                                                        |                                                                           |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                     | Zip                                                                                                                 | Country                                                                   | 4. FEI Number<br><b>59-3552748</b>                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                                                                                     |                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRICKLEMYER, KEITH W<br/>500 EAST KENNEDY BLVD. #200<br/>TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                                                                     |                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                                                     |                                                                           |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                           |                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>              |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>BRICKLEMYER, KEITH W<br>500 EAST KENNEDY BLVD. #200<br>TAMPA, FL 33602 | <input type="checkbox"/> Delete                                                                                     |                                                                           |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>BOLVES, BRIAN A<br>500 EAST KENNEDY BLVD. #200<br>TAMPA, FL 33602      | <input type="checkbox"/> Delete                                                                                     |                                                                           |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>SMOLKER, DAVID<br>500 EAST KENNEDY BLVD. #200<br>TAMPA, FL 33602       | <input type="checkbox"/> Delete                                                                                     |                                                                           |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>BARTLETT, JAY J<br>500 EAST KENNEDY BLVD. #200<br>TAMPA, FL 33602      | <input type="checkbox"/> Delete                                                                                     |                                                                           |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>ROLAND, DOUGLAS C<br>500 EAST KENNEDY BLVD. #200<br>TAMPA, FL 33602    | <input type="checkbox"/> Delete                                                                                     |                                                                           |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>ORCUTT, GREGORY J<br>500 EAST KENNEDY BLVD. #200<br>TAMPA, FL 33602    | <input checked="" type="checkbox"/> Delete                                                                          |                                                                           |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>SCHLOSSER, RICHARD A.<br>500 EAST KENNEDY BLVD #200<br>TAMPA, FL 33602 | <input type="checkbox"/> Change <input checked="" 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. |                                                                             |                                                                                                                     |                                                                           |                                                                                                                                      |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             | JAN. 9, 2008 (813) 223-3888                                                                                         |                                                                           |                                                                                                                                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | Date Daytime Phone #                                                                                                |                                                                           |                                                                                                                                      |  |