2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057864

Entity Name: CYNTHIA A. MIKOS, P.A.

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2018 E 4TH AVE 202 S ROME AVE TAMPA, FL 336055216 STE 100

TAMPA, FL 336061854

Current Mailing Address: New Mailing Address:

202 S ROME AVE 2018 E 4TH AVE TAMPA, FL 336055216

STE 100

TAMPA. FL 336061854

FEI Number: 59-3583141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MIKOS, CYNTHIA A MIKOS, CYNTHIA A ESQ 2018 E 4TH AVE 202 S ROME AVE TAMPA, FL 336055216 US STE 100

TAMPA, FL 336061854 US

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.

SIGNATURE: CYNTHIA A. MIKOS, ESQ. 01/28/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MIKOS, CYNTHIA A MIKOS, CYNTHIA A Name: Name: 2018 E 4TH AVENUE 202 S ROME AVE, STE 100 Address: Address: City-St-Zip: TAMPA, FL 336055216 City-St-Zip: TAMPA, FL 336061854

Title: VΡ Title: () Change () Addition () Delete

Name: MIKOS, JOHN J Name: 2904 S. KINGSWAY RD. Address: Address: SEFFNER, FL 33584 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

MIKOS, CYNTHIA A MIKOS, CYNTHIA A Name: Name: 202 S ROME AVE, STE 100 2018 E 4TH AVENUE Address: Address: City-St-Zip: TAMPA, FL 336055216 City-St-Zip: TAMPA, FL 336061854

Title: () Delete Title: (X) Change () Addition

MIKOS, CYNTHIA A MIKOS, CYNTHIA A Name: Name: Address: 2018 E 4TH AVENUE Address: 202 S ROME AVE, STE 100 City-St-Zip: City-St-Zip: TAMPA, FL 336055216 TAMPA, FL 336061854

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA A. MIKOS, ESQ **PST** 01/28/2009