


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 035 ***150.00

DOCUMENT # P99000066923	
1. Entity Name MORGAN, LAMB, GOLDMAN & VALLES, P.A.	

Principal Place of Business <u>500 N. Westshore Blvd.</u>	Mailing Address <u>500 N. Westshore Blvd.</u>
2701 NORTH ROCKY POINT DRIVE SUITE 410-820 TAMPA, FL 33607 US 33609	2701 NORTH ROCKY POINT DRIVE SUITE 410-820 TAMPA, FL 33607 US 33609



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3589325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MALONEY, FRANK E 2701 N. ROCKY POINT DRIVE <u>500 N. Westshore Dr</u> SUITE 410 <u>Ste 820</u> TAMPA, FL 33607 33609	

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity submit 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008, Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D MORGAN, RODNEY W 2701 N. ROCKY POINT DR., SUITE 410 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D LAMB, ROLAND J 2701 N. ROCKY POINT DR., SUITE 410 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D GOLDMAN, CARL A 2701 N. ROCKY POINT DR., SUITE 410 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D LAMB, KELLY JO 2701 N. ROCKY POINT DR., SUITE 410 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  4-16-08 813-281-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #