

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000105993	
1. Entity Name OGDEN & SULLIVAN, P.A.	

Principal Place of Business 113 S. ARMENIA AVENUE TAMPA, FL 33609	Mailing Address 113 S. ARMENIA AVENUE TAMPA, FL 33609
---	---

DO NOT WRITE IN THIS SPACE



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3611793	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent SULLIVAN, TIMON V 113 S ARMENIA AVENUE TAMPA, FL 33609	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000840044 03/06/08-80033-012 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D OGDEN, RANDALL J 113 S ARMENIA AVENUE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SULLIVAN, TIMON V 113 S AMERIA AVENUE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
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: *[Signature]* **2-20-08** **813-223-5111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #